

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067574

FILED  
May 19, 2009  
Secretary of State

Entity Name: BOWDITCH INSURANCE CORPORATION

## Current Principal Place of Business:

101 CENTURY 21 DR SUITE 200  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2479  
LEXINGTON, SC 29071

## New Mailing Address:

101 CENTURY 21 DR SUITE 200  
JACKSONVILLE, FL 32216

FEI Number: 20-2653365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPENCER, KENDALL  
100 SOUTH ORANGE AVE STE 100  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVC ( ) Delete  
Name: CRAWFORD, WILLIAM P JR  
Address: 104 SOUTH MAIN STREET  
City-St-Zip: GREENVILLE, SC 29601

Title: DP ( ) Delete  
Name: BOWDITCH, RAYNOR E  
Address: 101 CENTURY 21 DRIVE STE 200  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV ( ) Delete  
Name: BOWDITCH, JUANITA W  
Address: 101 CENTURY 21 DRIVE STE 200  
City-St-Zip: JACKSONVILLE, FL 32216

Title: DR ( ) Delete  
Name: GORDON, JAMES R  
Address: 104 S MAIN ST  
City-St-Zip: GREENVILLE, SC 29601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA BOWDITCH

VP

05/19/2009

Electronic Signature of Signing Officer or Director

Date