# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095487

**Entity Name:** FLORIDA DIRECT INSURANCE, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 1452 OAKFIELD DR<br>BRANDON, FL 33511 | 5015 S FLORIDA AVE<br>403<br>LAKELAND, FL 33813 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 1452 OAKFIELD DR<br>BRANDON, FL 33511 | PO BOX 5139<br>LAKELAND, FL 33807 |

FEI Number: 20-3106595     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| WALKER, KATHLEEN<br>715 SWANN AVE.<br>TAMPA, FL 33606     US | GREGORY, WILLIAM<br>715 SWANN AVE.<br>TAMPA, FL 33606     US |

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:  KATHLEEN WALKER                                                07/14/2008
_____
                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:**                              **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | | |
|---|---|---|---|
| Title: | DPST       ( ) Delete | Title: | DPST       (X) Change ( ) Addition |
| Name: | WALKER, KATHLEEN | Name: | WALKER, KATHLEEN |
| Address: | 1452 OAKFIELD DR | Address: | 5015 S FLORIDA AVE |
| City-St-Zip: | BRANDON, FL 33511 | City-St-Zip: | LAKELAND, FL 33813 |

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:  KATHLEEN WALKER                                    PRES              07/14/2008
_____
                Electronic Signature of Signing Officer or Director                              Date