2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P06000029323

Entity Name: BAILEY, HARRIS INSURANCE INC.

Current Principal Place of Business:

225 SOUTH INGRAHAM AVE.
SUITE 3
LAKELAND, FL 33801

New Principal Place of Business:

225 SOUTH INGRAHAM AVE.
SUITE 2
LAKELAND, FL 33801

Current Mailing Address:

225 SOUTH INGRAHAM AVE.
SUITE 3
LAKELAND, FL 33801

New Mailing Address:

225 SOUTH INGRAHAM AVE.
SUITE 2
LAKELAND, FL 33801

FEI Number: 56-2564063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COCHRAN-BAILEY, TERESA L
225 SOUTH INGRAHAM AVE
SUITE 3
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

COCHRAN-BAILEY, TERESA L
225 SOUTH INGRAHAM AVE
SUITE 2
LAKELAND, FL 33801 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: TERESA COCHRAN-BAILEY 04/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COCHRAN-BAILEY, TERESA L
Address: 225 SOUTH INGRAHAM AVE SUITE 3
City-St-Zip: LAKELAND, FL 33801

Title: VP (X) Delete
Name: HARRIS, TORINDA M
Address: 225 SOUTH INGRAHAM AVE SUITE 3
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COCHRAN-BAILEY, TERESA L
Address: 225 SOUTH INGRAHAM AVE SUITE 2
City-St-Zip: LAKELAND, FL 33801

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: TERESA COCHRAN-BAILEY P 04/08/2009
Electronic Signature of Signing Officer or Director Date