2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109227

Entity Name: FLORIDA CHOICEPOINT INSURANCE, INC.

FILED Jul 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4304 IRIS ST NORTH 5015 S FLORIDA LAKELAND, FL 33813

403

LAKELAND, FL 33813

Current Mailing Address: New Mailing Address:

4304 IRIS ST NORTH PO BOX 5139

LAKELAND, FL 33813 LAKELAND, FL 33807

FEI Number: 20-5412830 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:

KATHLEEN, WALKER GREGORY, WILLIAM 715 SWANN AVE 715 SWANN AVE TAMPA, FL 33606 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: WILLIAM GREGORY 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:

() Change () Addition Title: () Delete

WALKER, KATHLEEN Name: Name: 4304 IRIS ST NORTH Address: Address: City-St-Zip: LAKELAND, FL 33813 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: KATHLEEN WALKER **PRES** 07/14/2008