2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# P07000000574

Entity Name: GO DIRECT INSURANCE, INC.

Current Principal Place of Business:

PO BOX 060012
PALM BAY, FL 32906

New Principal Place of Business:

3222 WEST NEW HAVEN AVE
MELBOURNE, FL 32904

Current Mailing Address:

PO BOX 060012
PALM BAY, FL 32906

New Mailing Address:

FEI Number: 20-8135999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLSOM, WILLARD V
1341 TROPICANA RD
PALM BAY, FL 32905 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: FOLSOM, WILLARD V
Address: PO BOX 060012
City-St-Zip: PALM BAY, FL 32906

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLARD V. FOLSOM PRES 04/20/2008
Electronic Signature of Signing Officer or Director Date