2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092678

Entity Name: BAVIER INSURANCE, INC.

628 E. DEVONHURST LANE

PONTE VEDRA, FL 32081

Address:

City-St-Zip:

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 228 PONTE VEDRA PARK DRIVE 228 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082 700 PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address:** 628 E. DEVONHURST LANE PONTE VEDRA, FL 32081 FEI Number: 26-0773727 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: BAVIER, DONNA 628 E. DEVONHURST LANE PONTE VEDRA, FL 32081 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: () Change () Addition BAVIER, DONNA Name: Name: 628 E. DEVONHURST LANE Address: Address: City-St-Zip: PONTE VEDRA, FL 32081 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BAVIER, ELLIOT 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: DONNA M. BAVIER PVST 02/17/2009