2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2012
Secretary of State

DOCUMENT# P07000092678

Entity Name: BAVIER INSURANCE, INC.

Current Principal Place of Business:

1515 CR 210
103
ST. JOHNS, FL 32259

New Principal Place of Business:

1515 CR 210 W
103
ST. JOHNS, FL 32259

Current Mailing Address:

1515 CR 210
103
ST. JOHNS, FL 32259

New Mailing Address:

1515 CR 210 W
103
ST. JOHNS, FL 32259

FEI Number: 26-0773727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAVIER, DONNA
628 E. DEVONHURST LANE
PONTE VEDRA, FL 32081 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

OFFICERS AND DIRECTORS:

Title: P
Name: BAVIER, DONNA M
Address: 628 E. DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081

Title: VP
Name: BAVIER, ELLIOT F
Address: 628 E. DEVONHURST LANE
City-St-Zip: PONTE VEDRA, FL 32081

Title: VP
Name: BAVIER, JAIME M
Address: 14701 BARTRAM PARK BLVD #604
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: DONNA M. BAVIER P 02/22/2012

Electronic Signature of Signing Officer or Director — Date