2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# P07000110153

Entity Name: CHRIS BEDFORD INSURANCE AGENCY, INC.

Current Principal Place of Business:

13321 LONG CYPRESS TRAIL
JACKSONVILLE, FL 32223

New Principal Place of Business:

3832 BAYMEADOWS RD
6
JACKSONVILLE, FL 32217

Current Mailing Address:

13321 LONG CYPRESS TRAIL
JACKSONVILLE, FL 32223

New Mailing Address:

3832 BAYMEADOWS RD
6
JACKSONVILLE, FL 32217

FEI Number: 20-3663704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEDFORD, CHRIS
13321 LONG CYPRESS TRAIL
JACKSOVNILLE, FL 32223 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: P ( ) Delete
Name: BEDFORD, CHRIS
Address: 13321 LONG CYPRESS TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

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: CHRIS BEDFORD P 03/31/2008

Electronic Signature of Signing Officer or Director — Date