

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000110153

**FILED**  
**Sep 22, 2010**  
**Secretary of State**

**Entity Name:** CHRIS BEDFORD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3832 BAYMEADOWS RD  
6  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

3943 BAYMEADOWS RD  
1  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

3832 BAYMEADOWS RD  
6  
JACKSONVILLE, FL 32217

**New Mailing Address:**

3943 BAYMEADOWS RD  
1  
JACKSONVILLE, FL 32217

**FEI Number:** 20-3663704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BEDFORD, CHRIS  
13321 LONG CYPRESS TRAIL  
JACKSONVILLE, 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BEDFORD, CHRIS  
Address: 13321 LONG CYPRESS TRAIL  
City-St-Zip: JACKSONVILLE, FL 32223

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: CHRIS BEDFORD

P

09/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date