2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057064

Entity Name: SOUTHSTAR INSURANCE, INC.

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

435 DOUGLAS AVENUE, STE 1008 435 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FL 32714 US **SUITE 1008**

ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

435 DOUGLAS AVENUE, STE 1008 435 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FL 32714 **SUITE 1008** US

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 26-2783565 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:

FESHAN, JON 1576 CHÉRRY RIDGE DRIVE

MONTGOMERY, TIMOTHY 685 RIVERCREST LANE HEATHROW, FL 32746 LONGWOOD, FL 32779 US

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: TIMOTHY MONTGOMERY 01/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

FESHAN, JON Name: Name: 1576 CHERRY RIDGE DRIVE Address: Address: City-St-Zip: HEATHROW, FL 32746 US 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: JON FESHAN **PRES** 01/22/2009