2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100371

Entity Name: JEA INSURANCE, INC

FILED Apr 28, 2009 Secretary of State

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

8200 33RD AVE. STE 2 8200 W 33RD AVE. STE 2 HIALEAH, FL 33018 HIALEAH, FL 33018

Current Mailing Address: New Mailing Address:

8200 33RD AVE. STE 2 8200 W 33RD AVE. STE 2 HIALEAH, FL 33018 HIALEAH, FL 33018

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

ALMEIDA, JENNIFER E ALMEIDA, JENNIFER E 8200 33RD AVE. STE 2 8200 W 33RD AVE. STE 2 HIALEAH, FL 33018 HIALEAH, FL 33018

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: JENNIFER E ALMEIDA 04/28/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: ALMEIDA, JANNIFER E ALMEIDA, JENNIFER E Name: Name: Address:

8200 33RD AVE. STE 2 Address: 8200 W 33RD AVE. STE 2 HIALEAH, FL 33018 City-St-Zip: HIALEAH, FL 33018

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: JENNIFER E ALMEIDA **PRES** 04/28/2009