2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# P95000013099

Entity Name: EASTSIDE INSURANCE, INC.

Current Principal Place of Business:

4368 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216

New Principal Place of Business:

6039 SAINT AUGUSTINE RD
JACKSONVILLE, FL 32217

Current Mailing Address:

4368 UNIVERSITY BLVD S
JACKSONVILLE, FL 32216

New Mailing Address:

6039 SAINT AUGUSTINE RD
JACKSONVILLE, FL 32217

FEI Number: 59-3306412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONDURANT, W. ERNEST
4368 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

BONDURANT, W. ERNEST
6039 SAINT AUGUSTINE RD
JACKSONVILLE, FL 32217 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: _____ 04/26/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: BONDURANT, W. ERNEST
Address: 6039 SAINT AUGUSTINE RD
City-St-Zip: JACKSONVILLE, FL 32217

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: W ERNEST BONDURANT P 04/26/2011
Electronic Signature of Signing Officer or Director — Date