

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052189

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** E.D.C. INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3948 SUNBEAM RD  
SUITE 1  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

415 N 3RD ST  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

P.O. BOX 58025  
JACKSONVILLE, FL 322418025

**New Mailing Address:**

415 N 3RD ST  
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3452216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COWAN, DAVIS  
4962 BEIGE ST  
JACKSONVILLE, FL 32258 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: D  
Name: COWAN, E D JR  
Address: 415 N 3RD ST  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: E. D. COWAN, JR

PRES

04/21/2010

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

\_\_\_\_\_ Date