


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 808202**  
 1. Entity Name  
**CANAL INSURANCE COMPANY**



Principal Place of Business  
**400 E. STONE AVE.**  
**GREENVILLE, SC 29601 US**

Mailing Address  
**P.O. BOX 7**  
**GREENVILLE, SC 29602 US**



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-0133332**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust: Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	TIMMONS, CHARLES M JR
STREET ADDRESS	400 EAST STONE AVE
CITY-ST-ZIP	GREENVILLE, SC
TITLE	VAT
NAME	TIMMONS, ALLEN W
STREET ADDRESS	400 EAST STONE AVE
CITY-ST-ZIP	GREENVILLE, SC 29601
TITLE	VTS
NAME	TIMMONS, W.R. III
STREET ADDRESS	400 EAST STONE AVE
CITY-ST-ZIP	GREENVILLE, SC 29601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 03/26/07-80010-007-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-07 Date (864) 242-5365 Daytime Phone #

Charles M. Timmons, Jr., President