

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855243

FILED
Apr 13, 2005
Secretary of State

Entity Name: UNITED NATIONAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

7985 113TH ST. N.
SUITE 112
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3600
SEMINOLE, FL 337753600 US

New Mailing Address:

FEI Number: 59-2164141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, JOHN L ESQ.
3862 CENTRAL AVENUE
SAINT PETERSBURG, FL 33711 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: VPD () Delete
Name: FRANKLIN, MATTHEW T
Address: 1924 2ND STREET
City-St-Zip: NAPA, CA 94559

Title: CPTS () Delete
Name: FRANKLIN, LARRY A
Address: 18201 GULF BLVD., UNIT 406
City-St-Zip: REDINGTON SHORES, FL 33708

Title: ASD () Delete
Name: FRANKLIN, JANA L
Address: 18201 GULF BLVD., UNIT 406
City-St-Zip: REDINGTON SHORES, FL 33708

Title: D () Delete
Name: FRANKLIN, LARRY A
Address: 18201 GULF BLVD., UNIT 406
City-St-Zip: REDINGTON SHORES, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: FRANKLIN, MATTHEW T
Address: 2284 2ND STREET
City-St-Zip: NAPA, CA 94559

Title: CPTS (X) Change () Addition
Name: FRANKLIN, LARRY A
Address: 9730 SAGO PT DR
City-St-Zip: LARGO, FL 33777

Title: ASD (X) Change () Addition
Name: FRANKLIN, JANA L
Address: 9730 SAGO PT DR
City-St-Zip: LARGO, FL 33777

Title: D (X) Change () Addition
Name: FRANKLIN, LARRY A
Address: 9730 SAGO PT DR
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY A. FRANKLIN

Electronic Signature of Signing Officer or Director

PRES

04/13/2005

_____ Date