2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 05, 2007 8:00 am
Secretary of State
07-05-2007 90061 043 ***150.00

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1. Entity Name
NORTH FLORIDA FAMILY INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~7901 NORMANDY BLVD JACKSONVILLE, FL 32221 US~~	~~7901 NORMANDY BLVD JACKSONVILLE, FL 32221 US~~

07032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10250 Normandy Blvd	10250 Normandy Blvd
Suite, Apt. #, etc.: Suite # 503	Suite, Apt. #, etc.: Suite # 503
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32221 Country: US	Zip: 32221 Country: US

4. FEI Number: 20-0881915 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WARNER, JAMES C JR
1852 REAR ADMIRAL LANE
JACKSONVILLE, FL 32259

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 [signature] DATE 7-3-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WARNER, JAMES C JR 1852 REAR ADMIRAL LANE JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 7-3-2007 904-783-0668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R2853-1