


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P14869 1. Entity Name ACORDIA NATIONAL, INC.	
---	---

Principal Place of Business 602 VIRGINIA ST. EAST CHARLESTON, WV 25301 US	Mailing Address 602 VIRGINIA ST. EAST CHARLESTON, WV 25301 US
---	---

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0579762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PATERNO, ANDREW ONE HILLCREST DRIVE CAHRESTON, WV 25311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO LEGG, RICHARD H 602 VIRGINIA STREET EAST CHARLESTON, WV 25301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC PRITT, BRETT A 602 VIRGINIA ST, E. CHARLESTON, WV 25301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC THOMAS, JUDITH ONE HILLCREST DR. CHARLESTON, WV 25311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000360810
05/05/05-80050-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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

4/20/05

Date

304-353-8616

Daytime Phone #