

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049946

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

Current Principal Place of Business:

10250 NORMANDY BLVD
SUITE #503
JACKSONVILLE, FL 32221

Current Mailing Address:

10250 NORMANDY BLVD
SUITE #503
JACKSONVILLE, FL 32221 US

FEI Number: 20-0881915

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARNER, JAMES CJR
1852 REAR ADMIRAL LANE
JACKSONVILLE, FL 32259 US

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

Officer/Director Detail :

Title P
Name WARNER, JAMES CJR
Address 1852 REAR ADMIRAL LANE
City-State-Zip: JACKSONVILLE FL 32259

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: JAMES C WARNER JR

PRESIDENT

02/09/2013

Electronic Signature of Signing Officer/Director Detail

Date