2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 28, 2008 08:00 AN Secretary of State **DOCUMENT # 279838** 1. Entity Name NAPLES INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 99 9TH ST N. NAPLES FL 33940 99 9TH ST N. NAPLES FL 33940 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 59-1056609 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLBROOK, JESSE C JR Street Address (P.O. Box Number is Not Acceptable) 99 NINTH ST. N. NAPLES FL 33940 City 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 Significate, typed or primed value of registered agent and sile if applicable DATE (AOTE: Registered Agent expostum required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be #After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State; OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DVTS** TITLE Addition Defete NAME HOLBROOK, JC NAME STREET ADDRESS 99 9TH ST N STREET ADDRESS CITY-ST-ZIP NAPLES, FL 00000 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Daiete TITLE NAME HOLBROOK, JESSE C. J NAME U00000872756 04/10/08-80050-013 150.00 99 9TH ST N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP NAPLES, FL 00000 ☐ Change Addition ☐ Deiete HOLBROOK, JEFFERY C. STREET ADDRESS STREET ADDRESS 99 9TH ST N CITY-ST-7IP NAPLES, FL 00000 CITY-ST-ZIP Modition 🔲 Change TITLE ☐ Delete TITLE NAME. MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CIP 7-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THE ☐ Derete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information

indicated on this report or supplemental report is recurred and accurate and that my signature shall have the same legal effect as if made under call 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

FILED