

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90224 024 \*\*\*158.75

**DOCUMENT # 627581**

1. Entity Name  
**HOBIE NAPIER INSURANCE AGENCY, INC.**



Principal Place of Business  
**1209 SAXON BLVD.,STE.1  
ORANGE CITY, FL 32763**

Mailing Address  
**1209 SAXON BLVD.,STE.1  
ORANGE CITY, FL 32763**

**50016453**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**59-1924622**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPIER, HOBERT, JR.  
1209 SAXON BLVD.,STE.1  
ORANGE CITY, FL 32763-5402**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **NAPIER, KATHRYN B**  
CITY-ST-ZIP **1475 VOLTAIRE ST  
DELTONA, FL 00000,**

TITLE ☐ Delete  
NAME **PDT**  
STREET ADDRESS **NAPIER, HOBERT, JR.**  
CITY-ST-ZIP **1475 VOLTAIRE ST  
DELTONA, FL**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **NAPIER, DANIEL**  
CITY-ST-ZIP **5726 STARBOARD CT  
BUFORD, FL 30518**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **NAPIER, HOBERT TIMOTHY**  
CITY-ST-ZIP **1475 VOLTAIRE ST  
DELTONA, FL**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **NAPIER, JAMES M**  
CITY-ST-ZIP **5726 STARBOARD CT  
BUFORD, GA 30518**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Hobert Napier Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/11/06



**ATTACHMENT**  
50016453  
**Division of Corporations**

**Annual Report**

Annual Report Help

~~Document Number~~**627581**

Business Entity Name

**HOBIE NAPIER INSURANCE AGENCY, INC.**

FEI Number **591924622**

FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes	No	

**Principal Place of Business**

Address **1209 SAXON BLVD.,STE.1**  
Suite, Apt. #, etc.  
City, State **ORANGE CITY**, FL  
Zip Code & Country **32763**

**Mailing Address**

Address **1209 SAXON BLVD.,STE.1**  
Suite, Apt. #, etc.  
City, State **ORANGE CITY**, FL  
Zip Code & Country **32763**

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**- OR -**Business to serve as RA **NAPIER, HOBERT, JR.**Address (PO Box is not acceptable) **1209 SAXON BLVD.,STE.1**

Suite, Apt. #, etc.

City, State **ORANGE CITY**, FLZip Code & Country **327635402 US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

**ATTACHMENT**

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

SD016453

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title S

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

NAPIER, KATHRYN B

Street Address

1475 VOLTAIRE ST

City, State

DELTONA, FL 00000

Zip Code & Country

Title PDT

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

NAPIER, HOBERT, JR.

Street Address

1475 VOLTAIRE ST

City, State

DELTONA, FL

Zip Code & Country

Title D

Name (Last, First, Middle, Title)

NAPIER, DANIEL

- OR -

Entity Name to serve as  
Officer/Director

Street Address

169 Spring Walk Way

City, State

Lawrenceville, GA

Zip Code & Country

30045

Title D

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500/6453  
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Name (Last, First, Middle, Title) NAPIER, HOBERT TIMOTI,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 1105 Stratford Dr

City, State Richardson, TX

Zip Code &amp; Country 75080

Title D

Name (Last, First, Middle, Title) NAPIER, JAMES, M,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 5726 STARBOARD CT

City, State BUFORD, GA

Zip Code &amp; Country 30518

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

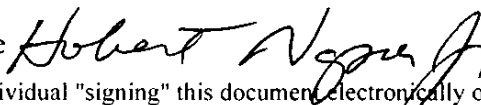
City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset

ATTACHMENT  
Start Over

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