

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627581

FILED
Apr 02, 2009
Secretary of State

Entity Name: HOBIE NAPIER INSURANCE AGENCY, INC.

Current Principal Place of Business:

1209 SAXON BLVD.,STE.1
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

1209 SAXON BLVD.,STE.1
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 59-1924622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPIER, HOBERT, JR.
1209 SAXON BLVD.,STE.1
ORANGE CITY, FL 327635402 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: NAPIER, KATHRYN B,
Address: 1475 VOLTAIRE ST
City-St-Zip: DELTONA, FL 00000,

Title: PDT () Delete
Name: NAPIER, HOBERT, JR.,
Address: 1475 VOLTAIRE ST
City-St-Zip: DELTONA, FL

Title: D () Delete
Name: NAPIER, DANIEL
Address: 205 COMSTOCK CT
City-St-Zip: LAWRENCEVILLE, GA 30044

Title: D () Delete
Name: NAPIER, HOBERT TIMOTHY
Address: 1105 STRATFORD DR
City-St-Zip: RICHARDSON, TX 75080

Title: D () Delete
Name: NAPIER, JAMES M
Address: 5726 STARBOARD CT
City-St-Zip: BUFORD, GA 30518

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NAPIER, JAMES M
Address: 5457 OAK CREST LN
City-St-Zip: BUFORD, GA 30518

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HOBERT NAPIER, JR

PDT

04/02/2009

Electronic Signature of Signing Officer or Director

Date