2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 707714

Entity Name: PROFESSIONAL INSURANCE AGENTS OF FLORIDA, INC.

Current Principal Place of Business:

1390 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

1390 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-0870355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCONNELL, MARK
1390 TIMBERLANE RD.
TALLAHASSEE, FL 32312 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILLIS, LARRY
Address: 18401 N.W. 27 AVE.
City-St-Zip: MIAMI, FL

Title: PP ( ) Delete
Name: WILLIAMS, LORENE
Address: 5003 OLD CHENEY HWY
City-St-Zip: ORLANDO, FL 32807

Title: EVP ( ) Delete
Name: OCONNELL, MARK
Address: 1390 TIMERLANE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: LANGSTON, EDWARD
Address: 500 E. HIGHWAY 436 #16
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: MCMAHON, DONALD
Address: 375A N 9TH AVENUE
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: GONZALEZ, SERGIO
Address: 9995 SUNSET DR #102
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: WILLIAMS, LORENE
Address: 5003 OLD CHENEY HWY
City-St-Zip: ORLANDO, FL 32807

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK OCONNELL EVP 04/22/2008

Electronic Signature of Signing Officer or Director — Date