


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90119 047 ***150.00

DOCUMENT # F01000004930					
1. Entity Name ANB INSURANCE SERVICES, INC.					
Principal Place of Business 1927 1ST AVENUE, NORTH BIRMINGHAM, AL 35203 US			Mailing Address P. O. BOX 10686 BIRMINGHAM, AL 35202 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 63-0520984	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPROUSE, DONALD C 9190 GALLERIA COURT NAPLES, FL 34109			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE O NAME PARDUE, RICHARD H PRES. STREET ADDRESS 1927 1ST AVENUE, NORTH CITY-ST-ZIP BIRMINGHAM, AL 35203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE O NAME PARKER, GREGORY B VP STREET ADDRESS 620 WALNUT ST., NE CITY-ST-ZIP DECATUR, AL 35601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE O NAME BRADLEY, CINDY SEC. STREET ADDRESS 1927 1ST AVENUE, NORTH CITY-ST-ZIP BIRMINGHAM, AL 35203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE O NAME NICHOL, VICTOR E CEO STREET ADDRESS 1927 1ST AVE., NORTH CITY-ST-ZIP BIRMINGHAM, AL 35203	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAVID, DAN STREET ADDRESS 251 JOHNSTON STREET, SE CITY-ST-ZIP DECATUR, AL 35601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME THOMPSON, SKIP STREET ADDRESS 251 JOHNSTON STREET, SE CITY-ST-ZIP DECATUR, AL 35601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Cynthia C. Bradley</i>			CYNTHIA C. BRADLEY <i>3/10/05</i> (205) 583-3241		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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03102005 Chg-P CR2E034 (10/03)

4. FEI Number 63-0520984 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL

Zip Code

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #