

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004930

Entity Name: ANB INSURANCE SERVICES, INC.

FILED
Mar 28, 2007
Secretary of State

Current Principal Place of Business:

1927 1ST AVENUE, NORTH
BIRMINGHAM, AL 35203 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 10686
BIRMINGHAM, AL 35202 US

New Mailing Address:

FEI Number: 63-0520984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, CAROL J
139 SOUTH INDIANA AVENUE
GROVELAND, FL 34736 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: O () Delete
Name: PARDUE, RICHARD H PRES
Address: 1927 1ST AVENUE, NORTH
City-St-Zip: BIRMINGHAM, AL 35203 US

Title: O () Delete
Name: BRADLEY, CINDY SEC.
Address: 1927 1ST AVENUE, NORTH
City-St-Zip: BIRMINGHAM, AL 35203 US

Title: D () Delete
Name: DAVID, DAN
Address: 251 JOHNSTON STREET, SE
City-St-Zip: DECATUR, AL 35601 US

Title: D () Delete
Name: THOMPSON, SKIP
Address: 251 JOHNSTON STREET, SE
City-St-Zip: DECATUR, AL 35601 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD H. PARUDE

PRES

03/28/2007

Electronic Signature of Signing Officer or Director

_____ Date