

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002968

FILED  
Jan 12, 2004  
Secretary of State

**Entity Name:** FIRST NATIONAL INSURANCE AGENCY IN ORANGE PARK, INC.

**Current Principal Place of Business:**

2509 OSBORNE ROAD  
ST. MARY'S, GA 31558 US

**New Principal Place of Business:**

**Current Mailing Address:**

2509 OSBORNE ROAD  
ST. MARY'S, GA 31558 US

**New Mailing Address:**

**FEI Number:** 58-2494373      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

O'KEEFE, TIM  
1775 EAGLE HARBOR PARKWAY  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

HOLLINGER, JASON  
1775 EAGLE HARBOR PARKWAY  
ORANGE PARK, FL 32073 US

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: JASON HOLLINGER

01/12/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOFFAT, DAVID G  
Address: 2509 OSBORNE ROAD  
City-St-Zip: ST. MARY'S, GA 31558 US

Title: ST ( ) Delete  
Name: HAMMANN, CAROLINE  
Address: 2509 OSBORNE ROAD  
City-St-Zip: ST. MARY'S, GA 31558 US

Title: D ( ) Delete  
Name: HELOW, JOSEPH  
Address: 2509 OSBORNE ROAD  
City-St-Zip: ST. MARY'S, GA 31558 US

Title: D ( ) Delete  
Name: MULLIS, ROSCOE  
Address: 2509 OSBORNE ROAD  
City-St-Zip: ST. MARY'S, GA 31558 US

Title: D ( ) Delete  
Name: DAVIS, WILLIAM H  
Address: 2509 OSBORNE ROAD  
City-St-Zip: ST. MARY'S, GA 31558 US

Title: D ( ) Delete  
Name: HENDERSON, J. GROVER  
Address: 2509 OSBORNE ROAD  
City-St-Zip: ST. MARY'S, GA 31558 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:

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 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 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: DAVID G MOFFAT

P

01/12/2004

Electronic Signature of Signing Officer or Director

Date