

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007486

FILED
Feb 09, 2007
Secretary of State

Entity Name: NASH & POWERS INSURANCE SERVICES, INC.

Current Principal Place of Business:

640 STATE STREET
BRISTON, TN 37620

New Principal Place of Business:

640 STATE STREET
BRISTOL, TN 37620

Current Mailing Address:

PO BOX 1568
BRISTOL, TN 37621

New Mailing Address:

FEI Number: 62-1462183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE, STE 200
TARPON SPRINGS, FL 34688 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: P () Delete
Name: POWERS, ERBIE J
Address: 10 YORKSHIRE
City-St-Zip: BRISTOL, TN 37620

Title: S () Delete
Name: HESS, FLORENCE E
Address: 126 BOYD DRIVE
City-St-Zip: SWORDS CREEK, VA 24649

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POWERS, ERBIE J
Address: 916 LAKEVIEW DOC RD
City-St-Zip: BRISTOL, TN 37620

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: FLORENCE HESS

SEC

02/09/2007

Electronic Signature of Signing Officer or Director

Date