

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 027 ***150.00

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1. Entity Name

EMPLOYER'S UNDERWRITERS, INC.



Principal Place of Business

2412 GORDAN TERRY PKWY
DECATUR AL 35601

Mailing Address

P.O. BOX B
DECATUR AL 35602-9002



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

63-1064649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE FL 32399-0000

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME NABORS, ROEL
STREET ADDRESS 1423 MODAUS ROAD SW
CITY-ST-ZIP DECATUR AL 35603

TITLE VPD ☒ Delete
NAME NABORS, JONATHAN
STREET ADDRESS 1007 FAIR MEADOW TRAIL
CITY-ST-ZIP MT. JULIET TN 37122

TITLE S ☒ Delete
NAME CROSS, JANIE
STREET ADDRESS 96 KIMBERLY ST SE
CITY-ST-ZIP DECATUR AL 35603

TITLE T ☒ Delete
NAME MONTGOMERY, SUSIE
STREET ADDRESS 2705 LEXINGTON AVE SW
CITY-ST-ZIP DECATUR AL 35603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME Jonathan Nabors
STREET ADDRESS 3759 Saundersville Ferry Rd
CITY-ST-ZIP Mt Juliet TN 37122

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S+CEO ☐ Change ☒ Addition
NAME Janie Cross
STREET ADDRESS 96 Kimberly St SE
CITY-ST-ZIP Decatur AL 35603

TITLE T ☐ Change ☒ Addition
NAME Tammy Lafoille
STREET ADDRESS 52 Jennie Lee Rd
CITY-ST-ZIP Dunville AL 35619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janie Cross Janie Cross 3-3D-06 256-341-0600