

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006803

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF PROFESSIONAL AGENTS, INC.

**Current Principal Place of Business:**

9024 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 US

**New Principal Place of Business:**

**Current Mailing Address:**

9024 TOWN CENTER PARKWAY  
LAKEWOOD RANCH, FL 34202 US

**New Mailing Address:**

**FEI Number:** 43-1649421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DARNELL, ROBERT W  
1820 RINGLING BOULEVARD  
SARASOTA, FL 34236 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

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: MARINACCIO, LOUIS E  
Address: 13407 BLYTHEFIELD TER  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: STDC ( ) Delete  
Name: MARINACCIO, ANN MARIE  
Address: 13407 BLYTHEFIELD TER  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: VD ( ) Delete  
Name: MYERSCOUGH, MICHAEL  
Address: 1720 SPRING CREEK DR  
City-St-Zip: SARASOTA, FL 34239

**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:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN MARIE MARINACCIO

STDC

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date