2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14541

FILED Jan 10, 2007 Secretary of State

Entity Name: PARLIN INSURANCE AGENCY OF NAPLES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
400 TAMI UITE 401	AMI TRAIL N	10				
	FL 34103	US				
urrent Mailing Address:			New Mailing Addres	New Mailing Address:		
	IANNA DEE PARLIN					
265 UTE STERO,	FL 33928	US				
El Number:	59-2237813	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
ame and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
ARLIN, D 265 UTE	IANNA DEE					
	FL 33928	US				
STERO, ne above	FL 33928		e purpose of changing its registere	ed office or registered agent, or both,		
STERO, ne above the State	FL 33928 named entit e of Florida. RE:	y submits this statement for the		ed office or registered agent, or both,		
STERO, ne above the State	FL 33928 named entit e of Florida. RE:			ed office or registered agent, or both, Date		
STERO, ne above the State GNATUR	ramed entity of Florida. RE: Electro	y submits this statement for the				
STERO, he above the State IGNATUR ection Car	ramed entity of Florida. RE: Electro	y submits this statement for the onic Signature of Registered A ing Trust Fund Contribution ().	gent			
STERO, ne above the State GNATUF ection Car FFICERS le: le: lme: dress:	named entity of Florida. RE: Electro mpaign Finance S AND DIRE	y submits this statement for the onic Signature of Registered A ing Trust Fund Contribution (). CTORS: () Delete GER M, DURT	gent	Date		
STERO, ne above the State GNATUR ection Car	named entity of Florida. RE: Electro mpaign Financi S AND DIRE D (PARLIN, ROO 4265 UTE CO ESTERO, FL	y submits this statement for the onic Signature of Registered A ing Trust Fund Contribution (). CTORS: () Delete GER M, DURT () Delete NNA DEE, DURT	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO		

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. DIANNA DEE PARLIN PRES 01/10/2007			PRES	
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