## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G14541

FILED Mar 19, 2009 Secretary of State

Entity Name: PARLIN INSURANCE AGENCY OF NAPLES, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	AMI TRAIL NO		24520 PRODUCTION	N CIRCLE	
SUITE 401 NAPLES, F			#4 BONITA SPRINGS, F	FL 34135 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	DEE PARLIN				
265 UTE ESTERO, I	COURT FL 33928 US				
El Number:	59-2237813 FI	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:	
STERU,	FL 33928 US				
		nits this statement for the	purpose of changing its register	ed office or registered agent, or both	
n the State	e of Florida.	nits this statement for the	purpose of changing its register	ed office or registered agent, or both	
n the State	e of Florida. <sup>*</sup> RE:	nits this statement for the ignature of Registered Ag		ed office or registered agent, or both  Date	
n the State	e of Florida.  RE: Electronic S				
n the State	e of Florida.  RE: Electronic S	ignature of Registered Ag st Fund Contribution ( ).	ent		
n the State SIGNATUF Election Car DFFICERS ittle: lame: ddress:	e of Florida.  RE: Electronic S  npaign Financing Tru	ignature of Registered Ag st Fund Contribution ( ). RS:	ent	Date	
n the State	E of Florida.  RE: Electronic S  Inpaign Financing True  S AND DIRECTOR  D () Delection Delectio	ignature of Registered Ag st Fund Contribution ( ). RS: ete	ADDITIONS/CHANG Title: Name: Address:	Date  BES TO OFFICERS AND DIRECTO	

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 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	03/19/2009