

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90200 048 ***150.00

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1. Entity Name
NATIONAL INSURANCE NETWORK, INC.



Principal Place of Business
**7257 BEERIDGE RD.
SARASOTA, FL 34241**

Mailing Address
**7257 BEERIDGE RD.
SARASOTA, FL 34241**

60036527



01222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2372098

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMNY, ROBERT S.
2912 ALEX MCKAY PLACE
SARASOTA, FL 34240**

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ZIMNY, ROBERT S
STREET ADDRESS 2912 ALEX MCKAY PLACE
CITY - ST - ZIP SARASOTA, FL 34240

TITLE VD ☐ Delete
NAME ZIMNY, CAROLYN S
STREET ADDRESS 2912 ALEX MCKAY PLACE
CITY - ST - ZIP SARASOTA, FL 34240

TITLE DS ☐ Delete
NAME HOGAN, CHERYL
STREET ADDRESS 2351 RICH ROAD
CITY - ST - ZIP MYAKKA CITY, FL 34251

TITLE TD ☐ Delete
NAME KLINGEL, DENISE M
STREET ADDRESS 7920 OSPREY HAMMOCK COURT
CITY - ST - ZIP SARASOTA, FL 34240

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 Chapter 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 #

Denise Klingel
Denise Klingel

4/28/08

941-379-4646