


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90037 036 ***150.00

DOCUMENT # J89665

1. Entity Name
FIRST INSURANCE NETWORK OF FLORIDA, INC.



Principal Place of Business Mailing Address

2889 ELMWOOD DR. **2889 ELMWOOD DR.**
SMYRNA, GA 30080 US **SMYRNA, GA 30080 US**

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



02182008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-2849661 Not Applicable

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

6. Name and Address of Current Registered Agent

RAY, ROBERT J.
~~1533 NORTH RIDGE LAKE CIRCLE~~
LONGWOOD, FL 32750
755 WEST STATE ROAD, 434

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAL, WILLIAM A JR 2889 ELMWOOD DRIVE SMYRNA, GA 30080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEFFT, DONALD E 2889 ELMWOOD DRIVE SMYRNA, GA 30080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAIRAM YERRAMILI 2889 ELMWOOD DRIVE SMYRNA, GA 30080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSTON, MARIANNE 2889 ELMWOOD DRIVE SMYRNA, GA 30080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YERRAMILI, JAIRAM 2886 ELMWOOD DRIVE SMYRNA, GA 30080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2889 ELMWOOD DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWTON, SHERRIE 2889 ELMWOOD DRIVE SMYRNA, GA 30080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JAIRAM YERRAMILI* *Jairam Yerramilli* *3-3-08770-436-7575*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #