


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90026 022 \*\*\*150.00

**DOCUMENT # K23794**

1. Entity Name  
**MUTUAL INSURANCE AGENCY OF NW FLORIDA, INC.**



Principal Place of Business  
**2164 CALLE DE CASTELAR**  
**NAVARRE, FL 32566 US**

Mailing Address  
**P O BOX 1418**  
**P.O. DRAWER 1418**  
**FT WALTON BEACH, FL 32549 US**

40010003



2. Principal Place of Business - Mailing Address  
**2164 Calle de Castelar**  
 Suite, Apt. #, etc.  
**NAVARRE FL.**

3. Mailing Address  
**P O BOX 1418**  
 Suite, Apt. #, etc.  
**FT WALTON Bch, FL**

01222008 Chg-P **CANCEL** CR2E034 (12/06)

City & State  
**NAVARRE FL.**

City & State  
**FT WALTON Bch, FL**

FEI Number  
**59-2888894**

Applied For  
 Not Applicable

Zip  
**32566** Country  
**SANTA ROSA**

Zip  
**32549** Country  
**FLORIDA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required** **NO**

6. Name and Address of Current Registered Agent  
**STRUZINSKI, LURA L**  
**115 FULLMER CIRCLE**  
**FT WALTON BEACH, FL 32548**

*SAME*

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 *R E Road Jr.* DATE *1-26-08*

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 \$550.00**

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

*NO*

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROOD, RUSSELL E JR 2164 CALLE DE CASTELAR NAVARRE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDST ROOD, CAMILLE 2164 CALLE DE CASTELAR NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete <i>Terminated -1-06</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Delete</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDST Rood, Camille 2164 Calle de Castelar NAVARRE FL, 32566	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Russell E Road Jr* DATE: *1-26-08* 850 939 4743

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

ATTACHMENT 40016005  
#

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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### Annual Report Online Filing

Document Number K23794  
Business Entity Name MUTUAL INSURANCE AGENCY OF NW FLORIDA, INC.

FEI Number 59 - 2888894

FEI Number Status  Listed Above  Applied For  Not Applicable

Certificate of Status Desired  Yes  No \$8.75 each

Election Campaign Financing Trust Fund Contribution  Yes  No

#### Principal Place of Business

Address 2164 CALLE DE CASTELAR (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State NAVARRE, FL  
Zip Code & Country 32566 US

#### Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

Mailing address same as principal address

Address P O BOX 1418  
Suite, Apt. #, etc. P.O. DRAWER 1418  
City, State FT WALTON BEACH, FL  
Zip Code & Country 32549 US

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title) STRUZINSKI, LURA, L  
- OR -

Business to serve as RA

Street Address In Florida 115 FULLMER CIRCLE (PO Box not acceptable)  
Suite, Apt. #, etc.  
City, State FT WALTON BEACH, FL

40016005  
# K23794

Zip Code & Country 32548 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name And Address**

**Name And Address #1**

Title PD  
Name (Last, First, Middle, Title) ROOD, RUSSELL, E, JR  
- OR -

Entity Name to serve as Officer/Director

Street Address 2164 CALLE DE CASTELAR  
City, State NAVARRE, FL  
Zip Code & Country

**Name And Address #2**

Title VQST  
Name (Last, First, Middle, Title) ROOD, CAMILLE  
- OR -

Entity Name to serve as Officer/Director

Street Address 2164 CALLE DE CASTELAR  
City, State NAVARRE, FL  
Zip Code & Country 32566

*Terminated 7-1-06*  
*Delete*

**Name And Address #3**

Title  
Name (Last, First, Middle, Title)  
- OR -

Entity Name to serve as Officer/Director

Street Address  
City, State  
Zip Code & Country

# ATTACHMENT

### Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

40016005  
# K23794

### Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

### Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

P/D  
Russell E. Roady

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Reset

ATTACHMENT 40016005

# K23794

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 12, 2007  
Secretary of State

DOCUMENT# K23794

ATTACHMENT

Entity Name: MUTUAL INSURANCE AGENCY OF NW FLORIDA, INC.

40016005

Current Principal Place of Business:

New Principal Place of Business:

2164 CALLE DE CASTELAR  
NAVARRE, FL 32566 US

Current Mailing Address:

New Mailing Address:

P O BOX 1418  
P.O. DRAWER 1418  
FT WALTON BEACH, FL 32549 US

FEI Number: 59-2888894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STRUZINSKI, LURA L  
115 FULLMER CIRCLE  
FT WALTON BEACH, FL 32548 US

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

Election Campaign Financing Trust Fund Contribution ( )

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROOD, RUSSELL E JR  
Address: 2164 CALLE DE CASTELAR  
City-St-Zip: NAVARRE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VDST  Delete  
Name: ROOD, CAMILLE  
Address: 2164 CALLE DE CASTELAR  
City-St-Zip: NAVARRE, FL 32566

Title:  Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Camille Rood  
Terminated 7-2-06

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: RUSSEL L E ROOD JR

PRES

01/12/2007

Electronic Signature of Signing Officer or Director

Date