


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K47593**  
 1. Entity Name  
 NORTH FLORIDA INSURANCE, INC.



Principal Place of Business      Mailing Address  
 6554 103RD ST                      6554 103RD STREET  
 JACKSONVILLE, FL 32210 US      JACKSONVILLE, FL 32210 US



01082008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2922328      Not Applicable

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

**6. Name and Address of Current Registered Agent**

JONES, WALTER L  
 6554 103RD ST  
 JACKSONVILLE, FL 32210

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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 \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JONES, WALTER L.
STREET ADDRESS	4138 MIZNER CIR S
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	JONES, JUDITH A.
STREET ADDRESS	4138 MIZNER CIRCLE S
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/10/08-80009-006 150.00

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:** *Walter L Jones*    WALTER L. JONES    1/8/08    904 772 6542

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