

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K47593

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA INSURANCE, INC.

**Current Principal Place of Business:**

6554 103RD ST  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

4138 MIZNER CIRCLE SOUTH  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

6554 103RD STREET  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

4138 MIZNER CIRCLE SOUTH  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-2922328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

JONES, WALTER L  
4138 MIZNER CIRCLE SOUTH  
JACKSONVILLE, FL 32217 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:

02/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JONES, WALTER L.  
Address: 4138 MIZNER CIR S  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D  
Name: JONES, JUDITH A.  
Address: 4138 MIZNER CIRCLE S  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: WALTER JONES

PRES

02/14/2011

Electronic Signature of Signing Officer or Director

Date