

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94016

FILED
Apr 05, 2005
Secretary of State

Entity Name: WITTNER INSURANCE NETWORK, INC.

Current Principal Place of Business:

1605 MAIN ST SUITE 904
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

3535 GRANDVIEW PARKWAY
SUITE 600
BIRMINGHAM, AL 35243 US

New Mailing Address:

FEI Number: 59-2950669 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: WITTNER, THEODORE P.,
Address: 5999 CENTRAL AVENUE, 4TH FLOOR
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VPD () Delete
Name: COLLIER, J. FORREST
Address: 3535 GRANDVIEW PARKWAY, SUITE 600
City-St-Zip: BIRMINGHAM, AL 35243

Title: VPTD () Delete
Name: DUKE, KEITH D
Address: 3535 GRANDVIEW PARKWAY, SUITE 600
City-St-Zip: BIRMINGHAM, AL 35243

Title: VPSD () Delete
Name: CARLISLE, W. TODD
Address: 3535 GRANDVIEW PARKWAY, SUITE 600
City-St-Zip: BIRMINGHAM, AL 35243

Title: AT () Delete
Name: SHIRLEY, JAMES R
Address: 3535 GRANDVIEW PARKWAY, SUITE 600
City-St-Zip: BIRMINGHAM, AL 35243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEIDAN, RICHARD D
Address: 3535 GRANDVIEW PARKWAY, SUITE 600
City-St-Zip: BIRMINGHAM, AL 35243

Title: VP (X) Change () Addition
Name: LAWRENCE, W. DREW
Address: 3535 GRANDVIEW PARKWAY, SUITE 600
City-St-Zip: BIRMINGHAM, AL 35243

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: W. TODD CARLISLE

VPSD

04/05/2005

Electronic Signature of Signing Officer or Director

_____ Date