

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L33393

FILED
Apr 24, 2006
Secretary of State

Entity Name: VANN INSURANCE INCORPORATED

Current Principal Place of Business:

103 W BASE ST
MADISON, FL 32340 US

New Principal Place of Business:

192 E. BASE ST
MADISON, FL 32340 US

Current Mailing Address:

103 W BASE ST
103 WEST BASE ST.
MADISON, FL 32340 US

New Mailing Address:

192 E. BASE ST
MADISON, FL 32340 US

FEI Number: 59-2981912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANN, BETTY R.
103 WEST BASE ST.
MADISON, FL 32340 US

Name and Address of New Registered Agent:

VANN, BETTY R.
192 E. BASE ST.
MADISON, FL 32340 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: BETTY R. VANN

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VANN, BETTY R.,
Address: 321 NE COFFEE WAY
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: KLEIN, JULIE VANN
Address: 183 NE COFFEE WAY
City-St-Zip: MADISON, FL 32340

Title: D () Delete
Name: VANN, OBY L., JR.,
Address: 103 W. BASE ST.
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: VANN, OBY L., JR.,
Address: 192 E.. BASE ST.
City-St-Zip: MADISON, FL 32340

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: BETTY R. VANN

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date