

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104084

Entity Name: FMB INSURANCE SERVICES, INC.

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

108 E WASHINGTON ST
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

108 E WASHINGTON ST
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3677075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, L. GARY
108 E. WASHINGTON STREET
MONTICELLO, FL 32344 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARRAWAY, F. WILSON III
Address: 1313 E JACKSON ST
City-St-Zip: THOMASVILLE, GA

Title: DV () Delete
Name: CARRAWAY, F. WILSON JR
Address: 200 E WASHINGTON ST
City-St-Zip: MONTICELLO, FL

Title: DP () Delete
Name: WRIGHT, L. GARY
Address: 200 E WASHINGTON ST
City-St-Zip: MONTICELLO, FL

Title: DST () Delete
Name: SIMS, R. MICHAEL
Address: 200 E WASHINGTON ST
City-St-Zip: MONTICELLO, FL

Title: DV () Delete
Name: ROGERS, SAMUEL B SR
Address: 1117 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: GARY L. WRIGHT

DP

05/02/2006

Electronic Signature of Signing Officer or Director

Date