2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# P00000116295

Entity Name: FNB INVESTMENTS AND INSURANCE SERVICES, INC.

Current Principal Place of Business:

POST OFFICE BOX 95
MOUNT DORA, FL 327560095 US

New Principal Place of Business:

714 N. DONNELLY STREET
MOUNT DORA, FL 327560095 US

Current Mailing Address:

POST OFFICE BOX 95
MOUNT DORA, FL 327560095 US

New Mailing Address:

FEI Number: 59-3719742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POTTER, DEL G
308 E. FIFTH AVENUE
MOUNT DORA, FL 32757 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: PEASE, JOHN D III
Address: 714 N DONNELLY ST
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VPD ( ) Delete
Name: BROOKS,III, C. EDWARD
Address: 714 N DONNELLY ST
City-St-Zip: MOUNT DORA, FL 32757 US

Title: STD ( ) Delete
Name: GORDON, C. HEYWOOD
Address: 714 N DONNELLY ST
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VP (X) Delete
Name: KRUG, JEFFREY J
Address: 714 N DONNELLY ST
City-St-Zip: MOUNT DORA, FL 32757 US

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:

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: JOHN D. PEASE, III PRES 01/18/2007

Electronic Signature of Signing Officer or Director — Date