


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90012 019 \*\*\*150.00

<b>DOCUMENT # P02000114696</b> 1. Entity Name <b>NETINSURANCE SERVICES FLORIDA, INC.</b>					
Principal Place of Business <b>9710 TWO NOTCH ROAD COLUMBIA, SC 29223</b>			Mailing Address <b>9710 TWO NOTCH ROAD COLUMBIA, SC 29223</b>		
2. Principal Place of Business		3. Mailing Address <b>7215 Financial Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		<b>Attn: Laura Austin Jacksonville, FL</b>			
Zip		Country		4. FEI Number <b>32-0038379</b>	
Zip <b>32256</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ALDINGER, EUGENIA 9710 TWO NOTCH ROAD COLUMBIA, SC 29223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD ROSS, WILLIAM M 9710 TWO NOTCH ROAD COLUMBIA, SC 29223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KELLY, HAROLD J 9710 TWO NOTCH ROAD COLUMBIA, SC 29223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MAPSON, CHARLES E 9710 TWO NOTCH ROAD COLUMBIA, SC 29223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS POITRAS, LOUISE 9710 TWO NOTCH ROAD COLUMBIA, SC 29223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BRAUCH, R. THEODORE 9710 TWO NOTCH ROAD COLUMBIA, SC 29223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Louise Poitras</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>01-27-2006</b> Date		
<b>904-251-6716</b>			<b>904-251-6716</b>		

**60009308**



01172006 Chg-P CR2E034 (11/05)



member FDIC

ATTACHMENT  
10009308

7215 Financial Way  
Jacksonville, FL 32256-9907

Main 866/529-7264  
www.netbank.com

January 27, 2006

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Re: **NetInsurance Services Florida, Inc.**  
**Document # P02000114696**

Dear Sir/Madam:

Enclosed for filing are the below listed documents:

- 2006 For Profit Corporation Annual Report
- Check number 3501261 in the amount of \$150.00

Please provide confirmation of this filing to:

Laura W. Austin  
c/o NetBank – Legal Department  
7215 Financial Way  
Jacksonville, FL 32256

Feel free to contact me at 904.251.6420 or via e-mail at [laustin@netbank.com](mailto:laustin@netbank.com) if you have any question or if I may be of further assistance regarding this filing.

Sincerely,

*Laura W. Austin*

Laura W. Austin  
Corporate Paralegal

Enclosures

