


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90218 031 ***150.00

DOCUMENT # P02000114696	
1. Entity Name NETINSURANCE SERVICES FLORIDA, INC.	

Principal Place of Business 9710 TWO NOTCH ROAD COLUMBIA, SC 29223	Mailing Address 7215 FINANCIAL WAY ATTN: LAURA AUSTIN JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4901 Belfort Road
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Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 160
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City & State	City & State Jacksonville, FL
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Zip	Country	Zip	Country
32256		32256	Duval

8. Name and Address of Current Registered Agent			
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CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			
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400000



04182007 Chg-P CR2E034 (12/06)

4. FEI Number 32-0038379	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALDINGER, EUGENIA	
STREET ADDRESS	9710 TWO NOTCH ROAD	
CITY-ST-ZIP	COLUMBIA, SC 29223	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, WILLIAM M	
STREET ADDRESS	9710 TWO NOTCH ROAD	
CITY-ST-ZIP	COLUMBIA, SC 29223	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KELLY, HAROLD J	
STREET ADDRESS	9710 TWO NOTCH ROAD	
CITY-ST-ZIP	COLUMBIA, SC 29223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAPSON, CHARLES E	
STREET ADDRESS	9710 TWO NOTCH ROAD	
CITY-ST-ZIP	COLUMBIA, SC 29223	
TITLE	AS	<input type="checkbox"/> Delete
NAME	POITRAS, LOUISE	
STREET ADDRESS	9710 TWO NOTCH ROAD	
CITY-ST-ZIP	COLUMBIA, SC 29223	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BRAUCH, R. THEODORE	
STREET ADDRESS	9710 TWO NOTCH ROAD	
CITY-ST-ZIP	COLUMBIA, SC 29223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn E. Henthorn	
STREET ADDRESS	4901 Belfort Road, Suite 160	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynette B. Talak	
STREET ADDRESS	4901 Belfort Road, Suite 160	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura W. Austin	
STREET ADDRESS	4901 Belfort Road, Suite 160	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  **4/25/07** **904.251.6420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000114696

1. Entity Name
NETINSURANCE SERVICES FLORIDA, INC.



ATTACHMENT

40083944

Principal Place of Business
9710 TWO NOTCH ROAD
COLUMBIA, SC 29223

Mailing Address
7215 FINANCIAL WAY
ATTN: LAURA AUSTIN
JACKSONVILLE, FL 32256

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
4901 Belfort Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 160

04182007

Chg-P

CR2E034 (12/06)

City & State

City & State
Jacksonville, FL

4. FEI Number
32-0038379

Applied For
Not Applicable

Zip

Country

Zip
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Country
Duval

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P ALDINGER, EUGENIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	9710 TWO NOTCH ROAD COLUMBIA, SC 29223	
TITLE NAME	VPTD ROSS, WILLIAM M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	9710 TWO NOTCH ROAD COLUMBIA, SC 29223	
TITLE NAME	VP KELLY, HAROLD J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	9710 TWO NOTCH ROAD COLUMBIA, SC 29223	
TITLE NAME	SD MAPSON, CHARLES E	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	9710 TWO NOTCH ROAD COLUMBIA, SC 29223	
TITLE NAME	AS POITRAS, LOUISE	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	9710 TWO NOTCH ROAD COLUMBIA, SC 29223	
TITLE NAME	VP BRAUCH, R. THEODORE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	9710 TWO NOTCH ROAD COLUMBIA, SC 29223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	President Kathryn E. Henthorn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	4901 Belfort Road, Suite 160 Jacksonville, FL 32256	
TITLE NAME	VP Lynette B. Talak	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	4901 Belfort Road, Suite 160 Jacksonville, FL 32256	
TITLE NAME	Assistant Secretary Laura W. Austin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	4901 Belfort Road, Suite 160 Jacksonville, FL 32256	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07

Date

904.251.6420

Daytime Phone #