

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012792

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ACCORD INSURANCE NETWORK OF PALM COAST, INC.

**Current Principal Place of Business:**

1 FLORIDA PARK DRIVE SOUTH  
SUITE 340  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

1 FLORIDA PARK DRIVE SOUTH  
SUITE 340  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 13-4236088      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PTD ( ) Delete  
Name: OLIVER, MONICA  
Address: 1 FLORIDA PARK DRIVE, SUITE 340  
City-St-Zip: PALM COAST, FL 32137

Title: SVD ( ) Delete  
Name: SAPP, J. NORMAN  
Address: 1 FLORIDA PARK DRIVE, SUITE 340  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MONICA OLIVER

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date