

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90062 050 \*\*\*150.00

**50059601**

<b>DOCUMENT # P03000093776</b> 1. Entity Name <b>FLORIDA NATIONAL FLOOD INSURANCE COMPANY</b>					
Principal Place of Business <b>10001 KEITH DRIVE SEMINOLE, FL 33776</b>			Mailing Address <b>10001 KEITH DRIVE SEMINOLE, FL 33776</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>02-0705697</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>NIESET, JAMES R 6740-D CROSSWINDS DRIVE NORTH ST. PETERSBURG, FL 33710</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>DPTS</b> <input type="checkbox"/> Delete <b>HARTSELLE, GLENDA</b> <b>8229 113TH ST.</b> <b>SEMINOLE, FL 33772</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>HARTSELLE, GLENDA</b> <b>8229 113TH ST.</b> <b>SEMINOLE, FL 33772</b>	CITY-ST-ZIP	
NAME	<b>MURPHY, SHARON</b> <input type="checkbox"/> Delete <b>10001 KEITH DRIVE</b> <b>SEMINOLE, FL 33776</b>	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>MURPHY, SHARON</b> <b>10001 KEITH DRIVE</b> <b>SEMINOLE, FL 33776</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>D</b> <input type="checkbox"/> Delete <b>HARTSELLE, MAHION A</b> <b>8229 113TH ST</b> <b>SEMINOLE, FL 33772</b>	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>HARTSELLE, MAHION A</b> <b>8229 113TH ST</b> <b>SEMINOLE, FL 33772</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	CITY-ST-ZIP	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	CITY-ST-ZIP	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	CITY-ST-ZIP	
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty)	CITY-ST-ZIP	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>					
<b>SIGNATURE:</b>				<b>7/28/05</b> Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	