

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093776

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: FLORIDA NATIONAL FLOOD INSURANCE COMPANY

## Current Principal Place of Business:

10001 KEITH DRIVE  
SEMINOLE, FL 33776

## New Principal Place of Business:

8200 113TH STREET NORTH  
SUITE 2A  
SEMINOLE, FL 33772

## Current Mailing Address:

10001 KEITH DRIVE  
SEMINOLE, FL 33776

## New Mailing Address:

8200 113TH STREET NORTH  
SUITE 2A  
SEMINOLE, FL 33772

FEI Number: 02-0705697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NIESET, JAMES R  
6740-D CROSSWINDS DRIVE NORTH  
ST. PETERSBURG, FL 33710 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: DPTS ( ) Delete  
Name: HARTSELLE, GLENDA  
Address: 8229 113TH ST.  
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete  
Name: MURPHY, SHARON  
Address: 10001 KEITH DRIVE  
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete  
Name: HARTSELLE, MAHION A  
Address: 8229 113TH ST  
City-St-Zip: SEMINOLE, FL 33772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition  
Name: HARTSELLE, GLENDA  
Address: 8200 113TH ST N, SUITE 2A  
City-St-Zip: SEMINOLE, FL 33772

Title: VP (X) Change ( ) Addition  
Name: MURPHY, SHARON  
Address: 8200 113TH ST N., SUITE 2A  
City-St-Zip: SEMINOLE, FL 33772

Title: D (X) Change ( ) Addition  
Name: HARTSELLE, MAHION A  
Address: 8200 113TH ST N., SUITE 2A  
City-St-Zip: SEMINOLE, FL 33772

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: ART HARTSELLE

D

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date