

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000100659

1. Entity Name
INSURANCE SOLUTIONS OF NORTH FLORIDA, INC.



Principal Place of Business
**840 EDGEWOOD AVE SOUTH
STE 102
JACKSONVILLE, FL 32205**

Mailing Address
**840 EDGEWOOD AVE SOUTH
STE 102
JACKSONVILLE, FL 32205**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0874958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETTIGREW, JAMES L
840 EDGEWOOD AVE SOUTH STE 102
JACKSONVILLE, FL 32205**

**DO NOT WRITE
IN THIS SPACE**

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 *James L Pettigrew*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/06/06
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PETTIGREW, JAMES L
840 EDGEWOOD AVE SOUTH STE 102
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HANRAHAN, FRANK
840 EDGEWOOD AV SOUTH STE 102
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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07/10/06-80003-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *James L Pettigrew*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/06 904-389-0422
Date Daytime Phone #