

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122885

FILED
Jan 05, 2011
Secretary of State

Entity Name: THE INSURANCE CENTER OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

315 E. HOLLYWOOD BOULEVARD
4-A
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

315 E. HOLLYWOOD BOULEVARD
4-A
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 20-1542295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, SHARON L
315 E HOLLYWOOD BOULEVARD
4-A
MARY ESTHER, FL 32569 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

OFFICERS AND DIRECTORS:

Title: P
Name: HANSON, SHARON L
Address: 315 E HOLLYWOOD BOULEVARD, SUITE 4-A
City-St-Zip: MARY ESTHER, FL 32569

Title: VP
Name: HANSON, STEVE S
Address: 315 E HOLLYWOOD BOULEVARD, SUITE 4-A
City-St-Zip: MARY ESTHER, FL 32569

I hereby 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 all other like empowered.

SIGNATURE: SHARON L. HANSON

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date