

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000480

FILED
Mar 20, 2007
Secretary of State

Entity Name: THE INSURANCE LADY OF N.W. FLORIDA, INC.

Current Principal Place of Business:

5022 W. FAIRFIELD DR.
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 36438
PENSACOLA, FL 32516 US

New Mailing Address:

FEI Number: 26-0103611 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ORPIN, NATALIE S
1935 STALLION RD.
CANTONMENT, FL 32533 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: D () Delete
Name: ORPIN, RICHARD S JR.
Address: 1935 STALLION RD.
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: ORPIN, NATALLIE S
Address: 1935 STALLION RD.
City-St-Zip: CANTONMENT, FL

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 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: NATALIE S ORPIN

Electronic Signature of Signing Officer or Director

DIRE

03/20/2007

Date