

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-08-2006 90004 001 ***150.00

DOCUMENT # P05000047698																													
1. Entity Name AGRI INSURANCE OF NORTH FLORIDA, INC.																													
Principal Place of Business P.O. BOX 910 1300 LIVE OAK FL 32064			Mailing Address P.O. BOX 910 1300 LIVE OAK FL 32064																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		2nd MOORE CR2E034 (4/06)																									
4. FEI Number 20-2664237				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COLD, KATHLEEN H STE 2301 ONE INDEPENDENT DR JACKSONVILLE FL 32202			7. Name and Address of New Registered Agent																										
Name			Name																										
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)																										
City			City																										
FL			Zip Code																										
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 <i>James D. Williams</i> DATE 8-2-06																													
(NOTE: Registered Agent signature required when reappointing)																													
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State			S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>																										
9. Election Campaign Financing			\$5.00 May Be Added to Fees																										
Trust Fund Contribution. <input type="checkbox"/>			Trust Fund Contribution. <input type="checkbox"/>																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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: <i>James D. Williams</i> DATE 8-2-06																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													