

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000029230

FILED
Mar 24, 2010
Secretary of State

Entity Name: NOLAN FAMILY INSURANCE AGENCY, INC.

Current Principal Place of Business:

301 W MARION AVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

301 W. MARION AVE
PUNTA GORDA, FL 33950

Current Mailing Address:

C/O JILL C. MCCRORY - MIZELL LAW FIRM, PA
331 SULLIVAN STREET
PUNTA GORDA, FL 33950

New Mailing Address:

301 W. MARION AVENUE
PUNTA GORDA, FL 33950

FEI Number: 20-4394058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCRORY, JILL C ESQ
MIZELL LAW FIRM, P.A.
331 SULLIVAN STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

MCCRORY, JILL C ESQ
MCCRORY LAW FIRM, PL
150 LAISHLEY CT., STE. 122
PUNTA GORDA, FL 33950 US

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:

03/24/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: NOLAN, JAMES H III
Address: NOLAN FAMILY INSURANCE 301 W. MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

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: JAMES H. NOLAN, III

D

03/24/2010

Electronic Signature of Signing Officer or Director

Date