2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P08000110358

Entity Name: ADVANCE INSURANCE OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

105 BEVERLY PARKWAY
PENSACOLA, FL 32505 US

New Principal Place of Business:

105 A BEVERLY PARKWAY
PENSACOLA, FL 32505 US

Current Mailing Address:

105 BEVERLY PARKWAY
PENSACOLA, FL 32505 US

New Mailing Address:

105 A BEVERLY PARKWAY
PENSACOLA, FL 32505 US

FEI Number: 26-3932620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITTMAN, BRADFORD E
105 BEVERLY PARKWAY
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

PITTMAN, BRADFORD E
105 A BEVERLY PARKWAY
PENSACOLA, FL 32505 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: 01/22/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PITTMAN, BRADFORD E
Address: 105 BEVERLY PARKWAY
City-St-Zip: PENSACOLA, FL 32505 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PITTMAN, BRADFORD E
Address: 105 A BEVERLY PARKWAY
City-St-Zip: PENSACOLA, FL 32505 US

I hereby certify that the information supplied with this filing does not qualify 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: BRADFORD PITTMAN P 01/22/2009
Electronic Signature of Signing Officer or Director — Date