# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2010**
**Secretary of State**

DOCUMENT# P09000053487

**Entity Name:** INSURANCE SOURCE OF NAPLES, INC.

**Current Principal Place of Business:**

3765 AIRPORT ROAD NORTH
201
NAPLES, FL 34105 US

**New Principal Place of Business:**

**Current Mailing Address:**

3765 AIRPORT ROAD NORTH
201
NAPLES, FL 34105 US

**New Mailing Address:**

**FEI Number: 27-0400811** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MACNIVEN, DONNA P
3765 AIRPORT ROAD NORTH
201
NAPLES, FL 34105 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: PD
Name: MACNIVEN, DONNA P
Address: 3765 AIRPORT ROAD NORTH
City-St-Zip: NAPLES, FL 34105 US

Title: D
Name: LEHMAN, TIFFANY L
Address: 10701 REGENT CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D
Name: CAMPBELL, JUDITH ANN
Address: 6813 IIREGALO CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D
Name: DEMARET, TERRY R
Address: 6937 AUTUMN WOODS BLVD.
City-St-Zip: NAPLES, FL 34109 US

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: DONNA P MACNIVEN P 01/22/2010

Electronic Signature of Signing Officer or Director Date