

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000054717

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** KNOX INSURANCE NETWORK INC.

**Current Principal Place of Business:**

1578 US HWY 1 SOUTH  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

2730 US HWY 1 SOUTH  
STE I  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

1578 US HWY 1 SOUTH  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

2730 US HWY 1 SOUTH  
STE I  
ST AUGUSTINE, FL 32086

**FEI Number:** 27-0324801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KNOX, JAMES S  
1578 US HWY 1 SOUTH  
ST AUGUSTINE, FL 32084 US

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

KNOX, JAMES S  
2730 US HWY 1 SOUTH  
STE I  
ST AUGUSTINE, FL 32086 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:** JAMES KNOX

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** KNOX, JAMES S  
**Address:** 2730 US HWY 1 SOUTH STE I  
**City-St-Zip:** ST AUGUSTINE, FL 32086

**Title:** VP,  
**Name:** KNOX, NANCY W  
**Address:** 2730 US HWY 1 SOUTH STE I  
**City-St-Zip:** ST AUGUSTINE, FL 32086

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 KNOX

PRES

04/24/2012

Electronic Signature of Signing Officer or Director

Date