2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90211 023 ***150.00

DOCUMENT # P94000056077

1. Entity Name
NOLAN INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1617 FAIRWAY ROAD PEMBROKE PINES FL 33026	1617 FAIRWAY ROAD PEMBROKE PINES FL 33026

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10 FAIRWAY RIDGE	10 FAIRWAY RIDGE
Suite, Apt. #, etc. LAKE WYLIE	Suite, Apt. #, etc. LAKE WYLIE
City & State SC	City & State SC
Zip 29710 Country USA	Zip 29710 Country USA

4. FEI Number 65-0508472 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOLAN, JOSEPHINE C
1617 FAIRWAY ROAD
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name: JOSEPHINE C NOLAN c/o M. NOLAN
Street Address (P.O. Box Number is Not Acceptable): 2201 SCENIC HIGHWAY, F2
City: Pensacola FL Zip Code 32503

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: Josephine C. Nolan, President — DATE 3/26/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME NOLAN, JOSEPHINE C STREET ADDRESS 1617 FAIRWAY RD CITY-ST-ZIP PEMBROKE PINES FL 33026	☐ Delete	TITLE NAME NOLAN, Josephine C. STREET ADDRESS 10 FAIRWAY RIDGE CITY-ST-ZIP LAKE Wylie, SC 29710	☒ Change of Address ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Josephine C. Nolan, P — 3/26/2007 — (803)8312479 (954)6843802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #