

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000056077

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** NOLAN INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

2201 SCENIC HIGHWAY  
F2  
PENSACOLA, FL 32503

**New Principal Place of Business:**

2769 BELLE MEADOW COURT  
PENSACOLA, FL 32514

**Current Mailing Address:**

2201 SCENIC HIGHWAY  
F2  
PENSACOLA, FL 32503

**New Mailing Address:**

2769 BELLE MEADOW COURT  
PENSACOLA, FL 32514

**FEI Number:** 65-0508472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOLAN, JOSEPHINE C  
C/O M. NOLAN  
2201 SCENIC HIGHWAY, F2  
PENSACOLA, FL 32503 US

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

NOLAN, JOSEPHINE C  
2769 BELLE MEADOW COURT  
PENSACOLA, FL 32514 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:

03/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: NOLAN, JOSEPHINE C  
Address: 10 FAIRWAY RIDGE  
City-St-Zip: LAKE WYLIE, SC 29710

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: JOSEPHINE C. NOLAN

PRES

03/17/2010

Electronic Signature of Signing Officer or Director

Date