

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000099928

1. Entity Name

FIRST NATIONAL INSURANCE NETWORK, INC.



Principal Place of Business
117 SEAMARGE CIRCLE
PENSACOLA FL 32507

Mailing Address
117 SEAMARGE CIRCLE
PENSACOLA FL 32507



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3425449

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSEY, LINDA
117 SEAMARGE CIRCLE
PENSACOLA FL 32507

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when revolving)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HUNTER, MARTHA ANN
STREET ADDRESS 117 SEAMARGE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE DVST ☐ Delete
NAME MASSEY, LINDA
STREET ADDRESS 406 PORT ROYAL WAY
CITY-ST-ZIP PENSACOLA FL 32501

TITLE D ☐ Delete
NAME HUNTER, R.K.
STREET ADDRESS 117 SEAMARGE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Delete
NAME JANIS, ROSE A
STREET ADDRESS 5005 AMBERWOOD DR.
CITY-ST-ZIP GLEN ALLEN VA 23060

TITLE D ☐ Delete
NAME STURDEVANT, TINA
STREET ADDRESS 15038 HOLLEYSIDE DR.
CITY-ST-ZIP DUMFRIES VA 22026

TITLE D ☐ Delete
NAME COOPER, DONINE
STREET ADDRESS 2499 ROBERT LANE
CITY-ST-ZIP BIRMINGHAM AL 35243

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 1100000447298
CITY-ST-ZIP 03/08/06--20047-017 158.75

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

2-22-06 850-
456-073