2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 A
Secretary of State

DOCUMENT # P96000099928

1. Entity Name

FIRST NATIONAL INSURANCE NETWORK, INC.

Principal Place of Business	Mailing Address
117 SEAMARGE CIRCLE PENSACOLA FL 32507	117 SEAMARGE CIRCLE PENSACOLA FL 32507

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3425449 — Applied For / Not Applicable

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUNTER, MARTHA ANN	NAME	
STREET ADDRESS	117 SEAMARGE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	DVST ☐ Delete	TITLE	100000824754 ☐ Change ☐ Addition
NAME	MASSEY, LINDA	NAME	02/20/08-80091-019 158.75
STREET ADDRESS	406 PORT ROYAL WAY	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUNTER, R.K.	NAME	
STREET ADDRESS	117 SEAMARGE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JANIS, ROSE A	NAME	
STREET ADDRESS	5005 AMBERWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	GLEN ALLEN VA 23060	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STURDEVANT, TINA	NAME	
STREET ADDRESS	2122 ST. MARY DR.	STREET ADDRESS	
CITY-ST-ZIP	CAMP LEJEUNE NC 28547	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COOPER, DONINE	NAME	
STREET ADDRESS	2499 ROBERT LANE	STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	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: Linda J. Massey Sr. V.P. 2-7-08 850-458-0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #