

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 117 SEAMARGE CIRCLE PENSACOLA FL 32507	Mailing Address 117 SEAMARGE CIRCLE PENSACOLA FL 32507
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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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent MASSEY, LINDA 117 SEAMARGE CIRCLE PENSACOLA FL 32507	
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4. FEI Number 59-3425449	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

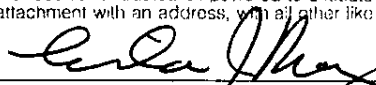
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HUNTER, MARTHA ANN 117 SEAMARGE CIRCLE PENSACOLA FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ☐ Delete MASSEY, LINDA 406 PORT ROYAL WAY PENSACOLA FL 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000824754 ☐ Change ☐ Addition 02/20/08-80091-019 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HUNTER, R.K. 117 SEAMARGE CIRCLE PENSACOLA FL 32507	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete JANIS, ROSE A 5005 AMBERWOOD DR. GLEN ALLEN VA 23060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete STURDEVANT, TINA 2122 ST. MARY DR. CAMP LEJEUNE NC 28547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete COOPER, DONINE 2499 ROBERT LANE BIRMINGHAM AL 35243	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:  **Linda J. Massey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **2-7-08** Daytime Phone: **850-456-0287**