

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000099928

FILED
Feb 07, 2011
Secretary of State

Entity Name: FIRST NATIONAL INSURANCE NETWORK, INC.

Current Principal Place of Business:

117 SEAMARGE CIRCLE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

117 SEAMARGE CIRCLE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3425449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASSEY, LINDA
117 SEAMARGE CIRCLE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: HUNTER, MARTHA ANN
Address: 115 SEAMARGE CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: DVST
Name: MASSEY, LINDA
Address: 118 SEAMARGE CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: D
Name: HUNTER, R.K.
Address: 115 SEAMARGE CIRCLE
City-St-Zip: PENSACOLA, FL 32507

Title: D
Name: JANIS, ROSE A
Address: 5005 AMBERWOOD DR.
City-St-Zip: GLEN ALLEN, VA 23060

Title: D
Name: STURDEVANT, TINA
Address: 15352 EDGEHILL DRIVE
City-St-Zip: MONTCLAIR, VA 22025

Title: D
Name: COOPER, DONINE
Address: 2499 ROBERT LANE
City-St-Zip: BIRMINGHAM, AL 35243

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: LINDA J. MASSEY

DVST

02/07/2011

Electronic Signature of Signing Officer or Director

Date