2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2011
Secretary of State

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Entity Name: SULLIVAN INSURANCE OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

25 WALTER MARTIN RD
102
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

25 WALTER MARTIN RD
102
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-3413316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, DANIEL L
25 WALTER MARTIN ROAD
SUITE 102
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

ROBINSON, CRAIG S
38 S. 8TH STREET
DEFUNIAK SPRINGS, FL 32435 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: CRAIG S. ROBINSON, CPA 03/08/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: SULLIVAN, DANIEL L
Address: 45 MAGNOLIA DR
City-St-Zip: SHALIMAR, FL 32579

Title: VPST
Name: SULLIVAN, DANA J
Address: 45 MAGNOLIA DR
City-St-Zip: SHALIMAR, FL 32579

Title: VP
Name: SULLIVAN, ALEXANDER J
Address: 45 MAGNOLIA DR
City-St-Zip: SHALIMAR, FL 32579

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: DANIEL L. SULLIVAN P 03/08/2011
Electronic Signature of Signing Officer or Director Date