


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90001 007 ***150.00

DOCUMENT # P98000030707 1. Entity Name ACCORD INSURANCE NETWORK, INC.					
Principal Place of Business 4425 US HWY 1 SOUT, SUIT 103 ST. AUGUSTINE, FL 32086			Mailing Address 4425 US HWY 1 SOUT, SUIT 103 ST. AUGUSTINE, FL 32086		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3502988			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SAPP, JAMES N 300 SOUTH PONCE BLVD ST. AUGUSTINE, FL 32084 4425 US1 S. # 103 ST. AUGUSTINE FL. 32086			7. Name and Address of New Registered Agent Name J. Norman Sapp Street Address (P.O. Box Number is Not Acceptable) 544 Willow Walk Place City ST. AUGUSTINE FL Zip Code 32086		
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 <u><i>J. Norman Sapp</i></u> DATE <u>6-30-06</u> <small>Signature typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAPP, JAMES N 300 SOUTH PONCE BLVD. ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>J. Norman Sapp</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6-30-06</u>		Daytime Phone # <u>904-208-8600</u>	

40097694



06302006 Chg-P CR2E034 (11/05)