2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURI (AR)							Feb 13, 2006 08:00 AM				
DOCUMENT # P98000082744 1. Entity Name						rt	Secreta	ry of S	State	VI VI	
NORTH FLORIDA INSURANCE SERVICES, INC				No.							
Principal Plac	e of Business	Mailing Add	ress	.							
4396 LAFAYETTE ST. P.O. BO			X 1215 INA FL 32446-1215			100					
4390	LATAJEHE St.	1									
2. Principal F	Place of Business 2/2	3. Mailing A				11))) PAN N PAN N (11	11 300H BIBH 912	1221 11 1221	
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			ts	MOORE	CR2E034	(10/05)		
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32546-1215 JAUSA		Zip	Country		5. Certificate	e of Status Desired	□ \$	8.75 Add	litional		
	6. Name and Address of Current F	Registered Age	ent	Nar		7. Name and	d Address of New	Registered A	j e nt _		
BONDURANT, FRANK E				INO							
445	0 LAFAYETTE ST.	1		Street Addre		P.O. Box Numb	er is Not Acceptat	ole)			
MARIANNA FL 32446		}									
		}		City				——… <u></u>	Zip Code		
. The street				1					}		
the obligat	named entity submits this statement for ions of registered agent.	the purpose of	t changing its rec	gistered offic	e or register	ed agent, or bo	oth, in the State of I	-Torida. Tam fa	miliar with,	and accep	
		}									
SIGNATURE .	Signature, typed or printed trame of (egistered agent a	nd title if repplicable	(NOTE: Re	nagA haralagan	овтират впитво	when re-netaling)		DATE			
F	ILE NOW!!! FEE IS \$150.00	Sector Conf		• • • •							
After	May 1, 2006 Fee Will Be \$550.00	Start Start					 Election Cam Trust Fund Co 		_ +	DO May 8 of to Fees	
 	Payable to Florida Department of	\$ 1867 B T 1 1 2 2 5 1 1 1 1 1						·- · —			
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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 of 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 McGhard Amutta Michael T. Milhon Palsidant 1/9/106 850-526-