

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000036212

1. Entity Name  
NATIONAL INSURANCE ADVISORS, INC.



Principal Place of Business

927 FERN STREET  
SUITE 2200  
ALTAMONTE SPRINGS, FL 32701

Mailing Address

PO BOX 162266  
ALTAMONTE SPRINGS, FL 32716

**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3612821

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

POHL & SHORT, P.A.  
POHL & SHORT, PA  
280 W CANTON AVENUE STE 410  
WINTER PARK, FL 32790

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PDST  
NAME SCHANK, GEORGE L  
STREET ADDRESS 927 FERN STREET - SUITE 2200  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D  
NAME YAWMAN, GREGG  
STREET ADDRESS 927 FERN ST., STE. 2200  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D  
NAME REVICZKY, GARY  
STREET ADDRESS 927 FERN STREET - SUITE 2200  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 407-262-9151