

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036212

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: NATIONAL INSURANCE ADVISORS, INC.

## Current Principal Place of Business:

927 FERN STREET  
SUITE 2200  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

1500 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

PO BOX 162266  
ALTAMONTE SPRINGS, FL 32716

## New Mailing Address:

1500 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

FEI Number: 59-3612821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete  
Name: SCHANK, GEORGE L  
Address: 927 FERN STREET - SUITE 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: YAWMAN, GREGG  
Address: 927 FERN ST., STE. 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: REVICZKY, GARY  
Address: 927 FERN STREET - SUITE 2200  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition  
Name: SCHANK, GEORGE L  
Address: 1500 TOWN PLAZA COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change ( ) Addition  
Name: YAWMAN, GREGG  
Address: 1500 TOWN PLAZA COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change ( ) Addition  
Name: REVICZKY, GARY  
Address: 1500 TOWN PLAZA COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE L. SCHANK

PDST

04/24/2006

Electronic Signature of Signing Officer or Director

Date