

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036212

Entity Name: NATIONAL INSURANCE ADVISORS, INC.

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

1500 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

30 SKYLINE DRIVE  
LAKE MARY, FL 32746

## Current Mailing Address:

1500 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

## New Mailing Address:

30 SKYLINE DRIVE  
LAKE MARY, FL 32746

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: 1500 TOWN PLAZA COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition  
Name: SCHANK, GEORGE L  
Address: 30 SKYLINE DRIVE  
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change ( ) Addition  
Name: YAWMAN, GREGG  
Address: 30 SKYLINE DRIVE  
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Change ( ) Addition  
Name: REVICZKY, GARY  
Address: 30 SKYLINE DRIVE  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify 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 SCHANK

PDST

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date