

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036212

FILED
Mar 24, 2009
Secretary of State

Entity Name: NATIONAL INSURANCE ADVISORS, INC.

Current Principal Place of Business:

30 SKYLINE DRIVE
LAKE MARY, FL 32746

New Principal Place of Business:

30 SKYLINE DRIVE
2000
LAKE MARY, FL 32746

Current Mailing Address:

30 SKYLINE DRIVE
LAKE MARY, FL 32746

New Mailing Address:

30 SKYLINE DRIVE
2000
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: 30 SKYLINE DRIVE
City-St-Zip: LAKE MARY, FL 32746

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LISA L. COOPER

ADMI

03/24/2009

Electronic Signature of Signing Officer or Director

Date