

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000100851

FILED
Apr 28, 2005
Secretary of State

Entity Name: PEOPLES FIRST INSURANCE, INC.

Current Principal Place of Business:

1022 W 23RD STREET
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

1022 W 23RD STREET
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3614750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARR, JIMMY
1022 WEST 23RD STREET
PANAMA CITY, FL 32405 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: D () Delete
Name: CHAPMAN, JOE
Address: 1022 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: DP () Delete
Name: CHAPMAN, KRISTIAN
Address: 1022 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: D () Delete
Name: POWELL, RAYMOND
Address: 1022 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: DVP () Delete
Name: MIDDLEMAS, JOHN R
Address: 1022 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: ST () Delete
Name: STEWART, DIANE
Address: 218 SOUTH CLAIRE DRIVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: BARR, JIMMY
Address: 1022 W 23RD STREET
City-St-Zip: PANAMA CITY, FL 32405

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:

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 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 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: DIANE STEWART

ST

04/28/2005

Electronic Signature of Signing Officer or Director

Date