


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90034 035 \*\*\*150.00

<b>DOCUMENT # P99000100851</b> 1. Entity Name PEOPLES FIRST INSURANCE, INC.	
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Principal Place of Business 1002 WEST 23RD ST SUITE 400 PANAMA CITY, FL 32405	Mailing Address 1002 WEST 23RD ST SUITE 400 PANAMA CITY, FL 32405
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**DO NOT WRITE IN THIS SPACE**

40111210



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3614750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PIPPIN, LAURETTA J 1002 WEST 23RD ST SUITE 400 PANAMA CITY, FL 32405
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**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.

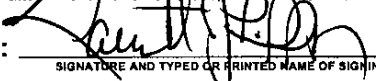
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, JOSEPH F III 1002 WEST 23RD ST SUITE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAPMAN, KRISTIAN 1022 W 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, RAYMOND 1022 W 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MIDDLEMAS, JOHN R 1022 W 23RD STREET PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PIPPIN, LAURETTA J 1002 WEST 23RD ST SUITE 400 PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARR, JIMMY 1002 WEST 23RD ST SUITE 400 PANAMA CITY, FL 32405

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  Lauretta J. Pippin, Secretary 4/23/07 (850) 769-8981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #