


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000100851	
1. Entity Name PEOPLES FIRST INSURANCE, INC.	
	
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



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**PIPPIN, LAURETTA J
1002 WEST 23RD ST
SUITE 400
PANAMA CITY, FL 32405**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000939298
05/28/08-80021-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHAPMAN, JOSEPH F III
STREET ADDRESS	1002 WEST 23RD ST SUITE 400
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	DP
NAME	CHAPMAN, KRISTIAN
STREET ADDRESS	1022 W 23RD STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	POWELL, RAYMOND
STREET ADDRESS	1022 W 23RD STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	DVP
NAME	MIDDLEMAS, JOHN R
STREET ADDRESS	1022 W 23RD STREET
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	ST
NAME	PIPPIN, LAURETTA J
STREET ADDRESS	1002 WEST 23RD ST SUITE 400
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VD
NAME	BARR, JIMMY
STREET ADDRESS	1002 WEST 23RD ST SUITE 400
CITY-ST-ZIP	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

4/10/08

(850) 769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #