

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63118

FILED
Jan 04, 2005
Secretary of State

Entity Name: SOUTHERN INSURANCE NETWORK, INC.

Current Principal Place of Business:

819 SOUTH FEDERAL HWY.
STE 102
STUART, FL 349942952 US

New Principal Place of Business:

Current Mailing Address:

819 SOUTH FEDERAL HWY.
STE 102
STUART, FL 349942952 US

New Mailing Address:

FEI Number: 65-0271240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAHNN, LARRY
819 SOUTH FEDERAL HWY.
SUITE 102
STUART, FL 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: DP () Delete
Name: DAHN, LARRY
Address: 819 S FEDERAL HWY STE 102
City-St-Zip: STUART, FL 34994

Title: DV () Delete
Name: DAHN, RICK
Address: 819 SOUTH FEDERAL HIGHWAY, SUITE 102
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LARRY DAHN

DP

01/04/2005

Electronic Signature of Signing Officer or Director

Date