

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S63118

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN INSURANCE NETWORK, INC.

**Current Principal Place of Business:**

759 SOUTH FEDERAL HWY., STE 303  
STUART, FL 349942952 US

**New Principal Place of Business:**

3592 S W BIMINI CIR N  
PALM CITY, FL 34990 US

**Current Mailing Address:**

P O BOX 751  
STUART, FL 34995 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:**

DAHN, RICK  
759 SOUTH FEDERAL HWY.  
SUITE 303  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

DAHN, R L  
3592 S W BIMINI CIR N  
PALM CITY, FL 34990 US

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: R L DAHN

04/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DAHN, R L  
Address: 3592 S W BIMINI CIRCLE N  
City-St-Zip: PALM CITY, FL 34990 US

I hereby 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 all other like empowered.

SIGNATURE: R L DAHN

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date