# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2009**
**Secretary of State**

DOCUMENT# V71043

**Entity Name:** THE INSURANCE NETWORK GROUP, INC.

**Current Principal Place of Business:**

6624 MERRILL ROAD
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11869
JACKSONVILLE, FL 322391869

**New Mailing Address:**

**FEI Number: 59-3151138** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DULANEY III, HARLEY K
6624 MERRILL ROAD
JACKSONVILLE, FL 32277 US

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

DULANEY III, HARLEY K VP
6624 MERRILL ROAD
JACKSONVILLE, FL 32277 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: HARLEY K DULANEY III 04/21/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: DULANEY, JOANNE S.
Address: 6624 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL

Title: VTD ( ) Delete
Name: DULANEY III, HARLEY K
Address: 6624 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete
Name: HOSFORD, MELANIE D.
Address: 6624 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: HOSFORD, MELANIE D P
Address: 6624 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: VSTD (X) Change ( ) Addition
Name: DULANEY III, HARLEY K VP
Address: 6624 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HARLEY K DULANEY III VP 04/21/2009
Electronic Signature of Signing Officer or Director Date