

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627581

Entity Name: HOBIE NAPIER INSURANCE AGENCY, INC.

Current Principal Place of Business:

1209 SAXON BLVD.,STE.1
ORANGE CITY, FL 32763

Current Mailing Address:

1209 SAXON BLVD.,STE.1
ORANGE CITY, FL 32763

FEI Number: 59-1924622

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NAPIER, KATHRYN BROCK
1209 SAXON BLVD.,STE.1
ORANGE CITY, FL 32763-5402 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: KATHRYN BROCK NAPIER

04/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name NAPIER, KATHRYN B
Address 1209 SAXON BLVD.,STE.1
City-State-Zip: ORANGE CITY FL 32763

Title D
Name NAPIER, DANIEL
Address 1475 VOLTAIRE AVE
City-State-Zip: DELTONA FL 32725

Title D
Name NAPIER, HOBERT TIMOTHY
Address 1105 STRATFORD DR
City-State-Zip: RICHARDSON TX 75080

Title D
Name NAPIER, JAMES M
Address 5457 OAK CREST LN
City-State-Zip: BUFORD GA 30518

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: KATHRYN BROCK NAPIER

PRESIDENT

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date