

2014 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, HOBERT, JR.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title S
Name NAPIER, KATHRYN B
Address 2109 GRAND AVE
City-State-Zip: DELAND FL 32720Title PDT
Name NAPIER, HOBERT, JR.
Address 2109 GRAND AVE
City-State-Zip: DELAND FL 32720Title D
Name NAPIER, DANIEL
Address 1475 VOLTAIRE AVE
City-State-Zip: DELTONA FL 32725Title D
Name NAPIER, HOBERT TIMOTHY
Address 1105 STRATFORD DR
City-State-Zip: RICHARDSON TX 75080Title 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: HOBERT NAPIER JR**PRESIDENT****04/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date