

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S23035

**FILED**  
**Apr 04, 2006**  
**Secretary of State**

**Entity Name:** IAG EMPLOYER SERVICES, INC.

**Current Principal Place of Business:**

% INSURAMERICA  
4348 SOUTHPOINT BLVD STE 200  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

% INSURAMERICA  
4348 SOUTHPOINT BLVD STE200  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 59-3050880      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WALTON, BOBBY L  
279 SOPHIA TERRACE  
ST. AUGUSTINE, FL 32073 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: VP ( ) Delete  
Name: WALTON, BOBBY L  
Address: 279 SOPHIA TEERACE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: P (X) Delete  
Name: MYERS, WILLIAM P JR  
Address: 645 TREEHOUSE CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL

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

Title: P (X) Change ( ) Addition  
Name: WALTON, BOBBY L  
Address: 279 SOPHIA TEERACE  
City-St-Zip: ST. AUGUSTINE, FL 32095

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 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: BOBBY L. WALTON

P

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date