

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 324732

FILED
Apr 28, 2009
Secretary of State

Entity Name: DEMETREE INSURANCE SERVICES, INC.

Current Principal Place of Business:

3740 BEACH BLVD
STE 102
JACKSONVILLE, FL 32207

Current Mailing Address:

P O BOX 5788
JACKSONVILLE, FL 32247

New Principal Place of Business:

3740 BEACH BLVD
STE 102
JACKSONVILLE, FL 32207 US

New Mailing Address:

P O BOX 5788
JACKSONVILLE, FL 32247 US

FEI Number: 59-1199205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYON, JONATHAN R.
3740 BEACH BLVD.
STE 102
JACKSONVILLE, FL 32207 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: V () Delete
Name: BENWICK, BRIAN S
Address: 11628 LOIS CROSS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: STD () Delete
Name: DEMETREE, JACK C
Address: 3918 ALHAMBRA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PD () Delete
Name: LYON, JONATHAN R
Address: 1837 SEA OATS DR.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V () Change (X) Addition
Name: ROMITA, JOAN L
Address: 2937 CHRISTOPHER CREEK RD N
City-St-Zip: JACKSONVILLE, FL 32217 US

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: JONATHAN R. LYON

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date