

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90037 007 ***150.00

DOCUMENT # F06000007488

1. Entity Name
EXEC INFORMATION SERVICES, INC.



Principal Place of Business Mailing Address
1396 NE 20TH AVE, SUITE 100 **1396 NE 20TH AVE, SUITE 100**
OCALA, FL 34470 **OCALA, FL 34470**

40011020



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01252008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
30-0041736 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KING, THOMAS S III
1396 NE 20TH AVE, SUITE 100
OCALA, FL 34470

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GORTCINSKY, ALVIN J	
STREET ADDRESS	1545 NE 2ND STREET #G	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIEB, DAVID	
STREET ADDRESS	1660 SOUTH 3RD WEST A STREET	
CITY-ST-ZIP	MOUNTAIN HOME, ID 83647	
TITLE	S	<input type="checkbox"/> Delete
NAME	MISSLER, NANCY J	
STREET ADDRESS	1545 NE 2ND STREET #G	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1712 NE 46 th Rd	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1712 NE 46 th Rd	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy J. Missler NANCY J. MISSLER 1/25/08 (352) 236-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #