

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081125

FILED
Apr 09, 2008
Secretary of State

Entity Name: COADVANTAGE INSURANCE SERVICES, INC.

Current Principal Place of Business:

111 W. JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

111 W. JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3673631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBBINSON, WILLIAM H JR
111 W JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801 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: EVP () Delete
Name: GOIN, BRUCE
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: CEO () Delete
Name: WILLIAMS, DAYNE
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: SEC () Delete
Name: ROBBINSON, WILLIAM H JR
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: CFO () Delete
Name: LOWREY, MARK
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

Title: DIR () Delete
Name: RILEY, JOHN
Address: 111 W JEFFERSON ST., STE 100
City-St-Zip: ORLANDO, FL 32801

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

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

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: WILLIAM H. ROBBINSON, JR

SEC

04/09/2008

Electronic Signature of Signing Officer or Director

_____ Date