

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081125

FILED
Apr 05, 2011
Secretary of State

Entity Name: COMPLETE INSURANCE SOURCE, 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 ()

Name and Address of Current Registered Agent:

STREUFERT, SHANE
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

OFFICERS AND DIRECTORS:

Title: PRES
Name: GOIN, BRUCE
Address: 111 W. JEFFERSON STREET SUITE 100
City-St-Zip: ORLANDO, FL 32801

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

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

Title: CFO
Name: STREUFERT, SHANE
Address: 111 W. JEFFERSON STREET, SUITE 100
City-St-Zip: ORLANDO, FL 32801

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: BRUCE GOIN

PRES

04/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date