2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# P04000152590

Entity Name: CPALLIANCE INSURANCE SERVICES, INC.

Current Principal Place of Business:

1509 S FLORIDA AVE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

1509 S FLORIDA AVE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-1879290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JOSEPH A
3500 S FLORIDA AVE STE 3
LAKELAND, FL 33803 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: D
Name: SMITH, CHAS P
Address: 1050 LAKE HOLLINGSWORTH DR
City-St-Zip: LAKELAND, FL 33803

Title: D
Name: GOLOTKO, PETER C
Address: 4318 FOREST HILLS DR
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: LUFFMAN, JAMES M
Address: 1204 EASTON DR
City-St-Zip: LAKELAND, FL 33803

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: CHAS SMITH D 01/05/2011

Electronic Signature of Signing Officer or Director Date