## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000013285

TAMPA, FL 33614

City-St-Zip:

Entity Name: AHERN INSURANCE SERVICES, INC.

FILED Mar 20, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8870 NORTH HIMES AVE STE 160 TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 8870 NORTH HIMES AVE STE 160 TAMPA, FL 33614 FEI Number: 20-2368491 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AHERN, ROBERT J 8870 NORTH HIMES AVE STE 160 TAMPA, FL 33614 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition AHERN, ROBERT J Name: Name: 8870 NORTH HIMES AVE STE 160 Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SIEGEL, EDWARD Name: 8870 NORTH HIMES AVE STE 160 Address: 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: ROBERT J. AHERN PRES 03/20/2008