

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000001705

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** HOLLAND INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1870 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

700 WEST GRANADA BLVD  
ORMOND BEACH, FL 32174 US

**Current Mailing Address:**

1870 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

700 WEST GRANADA BLVD  
ORMOND BEACH, FL 32174 US

**FEI Number:** 14-1877629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLLAND, DAVID D  
1870 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

HOLLAND, DAVID D  
700 WEST GRANADA BLVD  
ORMOND BEACH, FL 32174 US

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:** DAVID D. HOLLAND

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** HOLLAND, DAVID D  
**Address:** 700 WEST GRANADA BLVD  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

**Title:** P  
**Name:** HOLLAND, DAVID D  
**Address:** 700 WEST GRANADA BLVD  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

**Title:** S/T  
**Name:** HOLLAND, DAVID D  
**Address:** 700 WEST GRANADA BLVD  
**City-St-Zip:** ORMOND BEACH, FL 32174 US

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:** STEVE TACINELLI

VP

04/27/2011

Electronic Signature of Signing Officer or Director

Date