

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057116

FILED
Mar 16, 2011
Secretary of State

Entity Name: CF INSURANCE SERVICES, INC.

Current Principal Place of Business:

218 SOUTH LAKE AVENUE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1189
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 59-3260662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECLUE, LESTER
1641 SUNSET VILLAGE BLVD.
CLERMONT, FL 34711 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: PD
Name: DECLUE, LESTER
Address: 1641 SUNSET VILLAGE BLVD
City-St-Zip: CLERMONT, FL 34711

Title: SD
Name: DECLUE, CHRISTOPHER
Address: 218 SOUTH LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: TD
Name: ST GERMAIN, MELINDA
Address: 225 KENTUCKY BLUE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: VD
Name: DECLUE, SUE ANN
Address: 1641 SUNSET VILLAGE BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: DECLUE, JONATHAN
Address: 218 SOUTH LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

Title: D
Name: DECLUE, MATTHEW
Address: 218 SOUTH LAKE AVENUE
City-St-Zip: APOPKA, FL 32703

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: LESTER DECLUE

PD

03/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date