2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2013
Secretary of State
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Entity Name: DEMETREE INSURANCE SERVICES, INC.

Current Principal Place of Business:

3740 BEACH BLVD
STE 102
JACKSONVILLE, FL 32207

Current Mailing Address:

P O BOX 5788
JACKSONVILLE, FL 32247 US

FEI Number: 59-1199205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYON, JONATHAN R.
3740 BEACH BLVD.
STE 102
JACKSONVILLE, FL 32207 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	V	Title	STD
Name	BENWICK, BRIAN S	Name	DEMETREE, JACK C
Address	11628 LOIS CROSS DRIVE	Address	3918 ALHAMBRA DRIVE
City-State-Zip:	JACKSONVILLE FL 32258	City-State-Zip:	JACKSONVILLE FL 32207

Title	PD
Name	LYON, JONATHAN R
Address	1837 SEA OATS DR.
City-State-Zip:	ATLANTIC BEACH FL 32233

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: JONATHAN R LYON PRESIDENT 01/14/2013

Electronic Signature of Signing Officer/Director Detail — Date