

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 326354

Entity Name: DEALER RISK SERVICES, INC.**Current Principal Place of Business:**1900 S. HARBOR CITY BLVD.
SUITE 327
MELBOURNE, FL 32901**Current Mailing Address:**P.O. BOX 1899
MELBOURNE, FL 32902 US**FEI Number:** 59-1206698**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIBSON, STEVEN P
304 PALM COURT
INDIALANTIC, FL 32903 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:** STEVEN P GIBSON

04/09/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	GIBSON, STEVEN P
Address	304 PALM CT.
City-State-Zip:	INDIALANTIC FL 32903

Title	TREASURER
Name	GIBSON, MICHAEL P
Address	304 PALM CT.
City-State-Zip:	INDIALANTIC FL 32903

Title	SECRETARY
Name	GIBSON, E A
Address	304 PALM CT.
City-State-Zip:	INDIALANTIC FL 32903

Title	VP
Name	GIBSON, ROBERT D
Address	304 PALM CT.
City-State-Zip:	INDIALANTIC FL 32903

Title	VP
Name	GIBSON, STEVEN M
Address	750 CR 49
City-State-Zip:	MARBURY AL 36051

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: STEVEN P GIBSON

PRESIDENT

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date