

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081125

Entity Name: COMPLETE INSURANCE SOURCE, INC.**Current Principal Place of Business:**111 W. JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801**Current Mailing Address:**111 W. JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801 US**FEI Number:** 59-3673631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STREUFERT, SHANE
111 W JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801 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	PRES
Name	SCOTT, CARVER
Address	111 W. JEFFERSON STREET SUITE 100
City-State-Zip:	ORLANDO FL 32801

Title	CEO
Name	WILLIAMS, DAYNE
Address	111 W. JEFFERSON STREET SUITE 100
City-State-Zip:	ORLANDO FL 32801

Title	SEC
Name	SHANE, STREUFERT
Address	111 W. JEFFERSON STREET SUITE 100
City-State-Zip:	ORLANDO FL 32801

Title	CFO
Name	STREUFERT, SHANE
Address	111 W. JEFFERSON STREET, SUITE 100
City-State-Zip:	ORLANDO FL 32801

Title	TREA
Name	SHANE, STREUFERT
Address	111 W. JEFFERSON STREET, SUITE 100
City-State-Zip:	ORLANDO FL 32801

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: SHANE STREUFERT**CFO****03/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date