

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081316

Entity Name: PERKERSON INSURANCE SERVICES, INC.

Current Principal Place of Business:

5544 CYPRESS LANE
LAND O LAKES, FL 34639

Current Mailing Address:

5544 CYPRESS LANE
LAND O LAKES, FL 34639

FEI Number: 26-3303478

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, BUDDY D
115 N. MACDILL AVENUE
TAMPA, FL 33609 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 PERKERSON, ROGER LPRES
Address 16404 LAKE BYRD DRIVE
City-State-Zip: TAMPA FL 33618

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: ROGER L PERKERSON

PRESIDENT

02/13/2013

Electronic Signature of Signing Officer/Director Detail

Date