

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003150

Entity Name: JJINS INSURANCE SERVICES, INC

Current Principal Place of Business:

ATRIUM PROFESSIONAL CENTER
780 S APOLLO BLVD #104
MELBOURNE, FL 32901

Current Mailing Address:

ATRIUM PROFESSIONAL CENTER
780 S APOLLO BLVD #104
MELBOURNE, FL 32901

FEI Number: 57-0189850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, TAMARA
780 S APOLLO BLVD #104
MELBOURNE, FL 32901 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 P
Name JOHNSON, FRANCIS
Address 2402 GOLDBURG AVE
City-State-Zip: SULLIVAN'S ISLAND SC 29482

Title COO
Name JOHNSON, HARRY LII
Address 39 ISLE OF HOPE
City-State-Zip: MT PLEASANT SC 29464

Title CMO
Name BURROUS, PETER
Address 425 GREENWICH ST
City-State-Zip: MT PLEASANT SC 29464

Title CFO
Name CRAIG, STEVEN
Address 20 COLONIAL ST
City-State-Zip: CHARLESTON SC 29401

Title T
Name ZANIN, FRANK
Address 24 GADSEN ST
City-State-Zip: CHARLESTON SC 29401

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: FRANK J ZANIN

TREASURER

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date