2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# 324732

Entity Name: DEMETREE INSURANCE SERVICES, INC.

Current Principal Place of Business:

3740 BEACH BLVD
STE 102
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5788
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 59-1199205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V
Name: BENWICK, BRIAN S
Address: 11628 LOIS CROSS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: STD
Name: DEMETREE, JACK C
Address: 3918 ALHAMBRA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207 US

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

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 PD 03/14/2011

Electronic Signature of Signing Officer or Director Date