

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 390459

FILED
Jan 31, 2008
Secretary of State

Entity Name: COMBINED INSURANCE SERVICES, INC.

Current Principal Place of Business:

1701 NE 42 AVE.
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2438
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-1364026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, ROBERT E.
1701 NE 42 AVE.
OCALA, FL 34470 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COMBINED INSURANCE S, ERVICES, INC.
Address: 1701 NE 42 AVE
City-St-Zip: OCALA, FL 34470 US

Title: P () Delete
Name: TAYLOR, ROBERT E PRES
Address: 1701 NE 42 AVE
City-St-Zip: OCALA, FL 34470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT E. TAYLOR

P

01/31/2008

Electronic Signature of Signing Officer or Director

Date