2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588856

FILED Apr 17, 2009 Secretary of State

Entity Name: BERGER INSURANCE SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 800 S. PARROTT AVENUE OKEECHOBEE, FL 349745140 **Current Mailing Address: New Mailing Address:** P.O. BOX 158 OKEECHOBEE, FL 34973 FEI Number: 59-1850973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERGER, PHILIP Y. 800 S. PÁRROTT AVENUE OKEECHOBEE, FL 34974 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDS () Delete Title: () Change () Addition BERGER, PHILIP Y. Name: Name: 800 S. PARROTT AVENUE Address: Address: City-St-Zip: OKEECHOBEE, FL 34974 City-St-Zip: () Delete Title: Title: () Change () Addition BERGER, LORI C Name: Name: 800 S PARROTT AVENUE Address: Address: OKEECHOBEE, FL 34974 City-St-Zip: 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: LORI C. BERGER ST 04/17/2009