

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 621663

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: SPECIALTY INSURANCE SERVICES, INC.

## Current Principal Place of Business:

6624 MERRILL ROAD  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

## Current Mailing Address:

6624 MERRILL ROAD  
P.O.BOX 11869  
JACKSONVILLE, FL 322391869

## New Mailing Address:

PO BOX 11869  
JACKSONVILLE, FL 322391869

FEI Number: 59-1926432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DULANEY III, HARLEY K  
6624 MERRILL ROAD  
JACKSONVILLE, FL 32277 US

## Name and Address of New Registered Agent:

DULANEY III, HARLEY K VP  
6624 MERRILL ROAD  
JACKSONVILLE, FL 32277 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: HARLEY K DULANEY III

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HOSFORD, MELANIE D  
Address: 6624 MERRILL ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: VSD ( ) Delete  
Name: DULANEY, JOANNE S.  
Address: 6624 MERRILL ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: VTD (X) Delete  
Name: DULANEY III, HARLEY K  
Address: 6624 MERRILL ROAD  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HOSFORD, MELANIE D P  
Address: 6624 MERRILL ROAD  
City-St-Zip: JACKSONVILLE, FL 322391869

Title: VSTD (X) Change ( ) Addition  
Name: DULANEY III, HARLEY K VP  
Address: 6624 MERRILL ROAD  
City-St-Zip: JACKSONVILLE, FL 322391869

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: HARLEY K DULANEY III

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date