

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 621663

FILED
Apr 25, 2011
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:

PO BOX 11869
JACKSONVILLE, FL 322391869

New Mailing Address:

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 VP
6624 MERRILL ROAD
JACKSONVILLE, FL 32277 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: PD
Name: HOSFORD, MELANIE D P
Address: 6624 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 322391869

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

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: HARLEY K DULANEY III

VP

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date