

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90108 011 ***150.00

DOCUMENT # 636607

1. Entity Name
INSURANCE SERVICES, INC.



Principal Place of Business
**P.O. BOX 11394
1600 W. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309**

Mailing Address
**P.O. BOX 11394
1600 W. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309**

24044590



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1930327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, MATTHEW T ESQ.
1600 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
NAME **MORGAMAN, PHILIP E.**
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**
CITY-STATE-ZIP **FT. LAUDERDALE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **NICHOLS, NEAL**
STREET ADDRESS **3251 WASHINGTON BLVD**
CITY-STATE-ZIP **ARLINGTON, VA 22201**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **CAMILLO, JOHN M**
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**
CITY-STATE-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DP** ☐ Delete
NAME **STEPHENSON, MARK**
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**
CITY-STATE-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **V** ☐ Delete
NAME **GARDNER, DEBORAH S**
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**
CITY-STATE-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **V, T** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DV** ☐ Delete
NAME **SPRUCE, WILLIAM D**
STREET ADDRESS **1600 W. COMMERCIAL BLVD.**
CITY-STATE-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Stephenson 3/29/04 954 4536555

Attachment
34044590
INSURANCE SERVICES, INC.

ADDITIONAL DIRECTORS AND OFFICERS:

#636607

Title: V
Name: Linda M. Dinapoli
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V,S
Name: Matthew T. Jones
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Joseph A. Matteis
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Marilyn Peterson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Norm Baker
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: V
Name: Chris Parkinson
Street Address: 1600 W. Commercial Blvd.
City-St-Zip: Ft. Lauderdale, Florida 33309