

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90857 031 ***150.00

DOCUMENT # 638316

1. Entity Name

FAMILY SECURITY INSURANCE SERVICES, INC.



Principal Place of Business

**23123 STATE RD. 7, STE. 330
BOCA RATON, FL 33428**

Mailing Address

**23123 STATE RD. 7, STE. 330
BOCA RATON, FL 33428**

2. Principal Place of Business - No P.O. Box #

23122A Sandlefoot Plaza

Suite, Apt. #, etc.

3. Mailing Address

23122A Sandlefoot Plaza

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33428

Country

Zip

33428

Country

03092007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2031627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

JAFFEE, SIMON S.

**23123 STATE RD. 7- STE 330
BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name

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

23122A Sandlefoot Plaza

City

Boca Raton

FL

Zip Code

33428

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **JAFFEE, SIMON S.**
STREET ADDRESS **23123 STATE RD. 7- STE 330**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **23122A Sandlefoot Plaza**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

4/26/07 561-488-9194