

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002665

FILED
Apr 08, 2009
Secretary of State

Entity Name: FLYING J INSURANCE SERVICES INC.

Current Principal Place of Business:

1104 COUNTRY HILLS DRIVE
OGDEN, UT 84403

New Principal Place of Business:

Current Mailing Address:

1104 COUNTRY HILLS DRIVE
OGDEN, UT 84403

New Mailing Address:

FEI Number: 87-0439091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARMER, MARK
Address: 1104 COUNTRY HILL DR.
City-St-Zip: OGDEN, UT 84403

Title: T () Delete
Name: BURK, REYNOLDS
Address: 1104 COUNTRY HILLS DR.
City-St-Zip: OGDEN, UT 84403

Title: D () Delete
Name: SINGH, JAGJIT
Address: 1104 COUNTRY HILLS DR.
City-St-Zip: OGDEN, UT 84403

Title: D () Delete
Name: ADAMS, J. PHILLIP
Address: 1104 COUNTRY HILLS DR.
City-St-Zip: OGDEN, UT 84403

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HATCH, JUSTIN
Address: 1104 COUNTRY HILLS DR.
City-St-Zip: OGDEN, UT 84403

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MAGGELET, CRYSTAL C
Address: 1104 COUNTRY HILLS DR.
City-St-Zip: OGDEN, UT 84403

Title: S () Change (X) Addition
Name: PAYNE, ROBERT L
Address: 1104 COUNTRY HILLS DRIVE
City-St-Zip: OGDEN, UT 84403

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: ROBERT L. PAYNE

S

04/08/2009

Electronic Signature of Signing Officer or Director

Date