


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Sep 05, 2008 8:00 am  
Secretary of State**

07-21-2008 90027 014 \*\*\*558.75

<b>DOCUMENT # F05000005364</b> 1. Entity Name <b>INSURANCE SERVICES CONSTRUCTION CORPORATION</b>	
--	---

Principal Place of Business  
1271 WEST MAPLE ROAD  
CLAWSON, MI 48017

Mailing Address  
1271 WEST MAPLE ROAD  
CLAWSON, MI 48017

**66016337**



**DO NOT WRITE IN THIS SPACE**

07092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>38-3350889</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	--

**6. Name and Address of Current Registered Agent**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GANTZ, STEVE 3081 BAYSHORE DRIVE ORCHARD LAKE, MI 48324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENS, JIM 8035 ELDRIDGE WATERFORD, MI 48327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWIMMER, JOEL 5004 WEST POND CIRCLE WEST BLOOMFIELD, MI 48324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFF LOUTTIT, DOUG 898 SOUTH DUCK LAKE ROAD MILFORD, MI 48381
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Robert J. Stevens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/08 (248) 786-0127  
Date Daytime Phone