

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005102

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** MARK INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

510 E. FOOTHILL BLVD. #105  
SAN DIMAS, CA 91773

**New Principal Place of Business:**

**Current Mailing Address:**

510 E. FOOTHILL BLVD. #105  
SAN DIMAS, CA 91773

**New Mailing Address:**

**FEI Number:** 95-2559650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HATCH, JOHN D ESQUIRE  
1267 BERKSHIRE LANE, SUITE 200  
TARPON SPRINGS, FL 34688 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: P  
Name: TORRES, MIKE G  
Address: 5650 SKYLINE CIRCLE  
City-St-Zip: LA VERNE, CA 91750

Title: ST  
Name: TORRES, PATRICIA L  
Address: 5650 SKYLINE CIRCLE  
City-St-Zip: LA VERNE, CA 91750

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: MIKE TORRES

PRES

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date