

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000429

FILED
Apr 27, 2012
Secretary of State

Entity Name: COMBINED GROUP INSURANCE SERVICES, INC.

Current Principal Place of Business:

14785 PRESTON RD, STE 350
DALLAS, TX 75254

New Principal Place of Business:

Current Mailing Address:

14785 PRESTON RD, STE 350
DALLAS, TX 75254

New Mailing Address:

FEI Number: 26-0681247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DC
Name: STRIANESE, ANTHONY T
Address: 303 CORPORATE CENTER DR, SUITE 300A
City-St-Zip: STOCKBRIDGE, GA 30281

Title: VS
Name: GRAMMIG, LAUREL L
Address: 3101 W DR MARTIN LUTHER KING, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: V
Name: WALKER, CORY T
Address: 220 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T
Name: FAILLA, JR., JOSEPH S
Address: 220 S RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P
Name: STOCK, BLAKE Y
Address: 14785 PRESTON ROAD, SUITE 350
City-St-Zip: DALLAS, TX 75254

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: LAUREL L GRAMMIG

VS

04/27/2012

Electronic Signature of Signing Officer or Director

Date