

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001149

FILED
Jun 22, 2009
Secretary of State

Entity Name: EQUITY PARTNERS INSURANCE SERVICES, INC.

Current Principal Place of Business:

1778 ORLEANS ST.
MANDEVILLE, LA 70448

New Principal Place of Business:

34641 GRANTHAM COLLEGE DRIVE
SUITE 3
SLIDELL, LA 70460

Current Mailing Address:

1778 ORLEANS ST.
MANDEVILLE, LA 70448

New Mailing Address:

34641 GRANTHAM COLLEGE DRIVE
SUITE 3
SLIDELL, LA 70460

FEI Number: 75-3067461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ.
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SILVA, BRIAN
Address: 1778 ORLEANS ST.
City-St-Zip: MANDEVILLE, LA 70448

Title: S () Delete
Name: SILVA, NICOLE
Address: 1778 ORLEANS ST.
City-St-Zip: MANDEVILLE, LA 70448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: SILVA, BRIAN D PRESIDE
Address: 34641 GRANTHAM COLLEGE DRIVE, SUITE 3
City-St-Zip: SLIDELL, LA 70460

Title: MRS (X) Change () Addition
Name: SILVA, NICOLE S SECRETA
Address: 34641 GRANTHAM COLLEGE DRIVE, SUITE 3
City-St-Zip: SLIDELL, LA 70460

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: BRIAN DENNIS SILVA

MR

06/22/2009

Electronic Signature of Signing Officer or Director

Date