

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004388

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: ENERGI INSURANCE SERVICES, INC.

## Current Principal Place of Business:

10 CENTENNIAL DR.  
PEABODY, MA 01960

## New Principal Place of Business:

## Current Mailing Address:

10 CENTENNIAL DR.  
PEABODY, MA 01960

## New Mailing Address:

FEI Number: 30-0477159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
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: PC ( ) Delete  
Name: MCCARTHY, BRIAN K  
Address: 38 THOREAU CIR.  
City-St-Zip: BEVERLY, MA 01915

Title: DV ( ) Delete  
Name: MCCARTHY, JOHN JR.  
Address: ONE PIERCE RD.  
City-St-Zip: PEABODY, MA 01960

Title: S ( ) Delete  
Name: COLLINS, ALLAIN  
Address: 211 PEARL ST.  
City-St-Zip: MELROSE, MA 01867

Title: T ( ) Delete  
Name: FITZGERALD, DONALD  
Address: 66 CONRAD RD.  
City-St-Zip: MELROSE, MA 02176

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: COLLINS, ALLAIN  
Address: 211 PEARL ST.  
City-St-Zip: READING, MA 01867

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

Title: DIR ( ) Change (X) Addition  
Name: BOUDROT, PATRICIA K  
Address: 3 LEBEL ROAD  
City-St-Zip: DANVERS, MA 01923

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: PATRICIA K BOUDROT

DIR

02/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date