

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003769

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

6509 WINDCREST DR.,STE. 200  
PLANO, TX 75024

**New Principal Place of Business:**

**Current Mailing Address:**

6509 WINDCREST DR.,STE. 200  
PLANO, TX 75024

**New Mailing Address:**

**FEI Number:** 75-2195089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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:** PC  
**Name:** REARICK, PHILIP  
**Address:** 5665 ARAPAHO RD. #1024  
**City-St-Zip:** DALLAS, TX 75248

**Title:** VPVC  
**Name:** HAZLETT, JILL  
**Address:** 5616 CROWNDALE DRIVE  
**City-St-Zip:** PLANO, TX 75093

**Title:** TD  
**Name:** TIERNEY, JANCYE  
**Address:** 1545 PAWNEE TRAIL  
**City-St-Zip:** CARROLTON, TX 75007

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:** PHILIP REARICK

PRES

04/04/2011

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

\_\_\_\_\_  
Date