

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001878

FILED
Apr 18, 2011
Secretary of State

Entity Name: INTEGRITY INSURANCE AND FINANCIAL SERVICES OF GEORGIA, INC.

Current Principal Place of Business:

282 S.MAIN ST. STE D
ALPHARETTA, GA 30009

New Principal Place of Business:

Current Mailing Address:

282 S.MAIN ST. STE D
ALPHARETTA, GA 30009

New Mailing Address:

FEI Number: 38-3668459 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIS, WENDY SUE
11557 57TH STREET CIR E
PARRISH, FL 34219 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: CEO
Name: DAY, LINDA
Address: 6475 POLO DR.
City-St-Zip: CUMMING, GA 30040

Title: CHRM
Name: DAY, LINDA
Address: 6475 POLO DR.
City-St-Zip: CUMMING, GA 30040

Title: P
Name: DAY, LINDA
Address: 6475 POLO DR.
City-St-Zip: CUMMING, GA 30040

Title: CFO
Name: DAY, ALEX
Address: 6475 POLO DR.
City-St-Zip: CUMMING, GA 30040

Title: S
Name: DAY, MARY
Address: 6475 POLO DR.
City-St-Zip: CUMMING, GA 30040

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: LINDA DAY

_____ Electronic Signature of Signing Officer or Director

CEO

04/18/2011

_____ Date