

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001036

Entity Name: FLORISTS' INSURANCE SERVICE, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

#1 HORTICULTURAL LANE
EDWARDSVILLE, IL 62025

New Principal Place of Business:

Current Mailing Address:

PO BOX 428
EDWARDSVILLE, IL 62025

New Mailing Address:

FEI Number: 37-6051222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURLEY, REX ESQ.
1560 ORANGE AVENUE SUITE 500
WINTER PARK, FL 32789 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: PD () Delete
Name: HABERER, MONA B
Address: 6 GINGER RIDGE LANE
City-St-Zip: GLEN CARBON, IL 62034

Title: AVP () Delete
Name: LEBKUECHER, JOAN E
Address: 30 LANDS END COURT
City-St-Zip: GLEN CARBON, IL 62034

Title: DC (X) Delete
Name: BACHMAN, TODD L
Address: 26401 GALAXIE AVE.
City-St-Zip: FARMINGTON, MN 55024

Title: D () Delete
Name: LEIDER, M. JAMES
Address: 511 CAMBRIDGE
City-St-Zip: LAKE BLUFF, IL 60044

Title: D () Delete
Name: MANN, LINDLEY S JR
Address: 2584 ABINGTON PIKE
City-St-Zip: RICHMOND, IN 47374

Title: SVP () Delete
Name: BATES, BRENT A
Address: 3446 VICKSBURG DRIVE
City-St-Zip: EDWARDSVILLE, IL 62025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: LEBKUECHER, JOAN E
Address: 30 LANDS END COURT
City-St-Zip: GLEN CARBON, IL 62034

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

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Name:
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Name:
Address:
City-St-Zip:

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

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: JOAN E. LEBKUECHER

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04/16/2009

Electronic Signature of Signing Officer or Director

Date