

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # F96000001751

1. Entity Name
INVESTMENT INFORMATION SERVICES, INC.



Principal Place of Business
**13306 TRADITION DR.
DADE CITY, FL 33525 US**

Mailing Address
**P.O. BOX 2369
SAINT LEO, FL 33574 US**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3137157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PERRITT, GERALD W
13306 TRADITION DR.
DADE CITY, FL 33525**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCPT
NAME	PERRITT, GERALD W
STREET ADDRESS	13306 TRADITION DR.
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	VS
NAME	CORBETT, MICHAEL J
STREET ADDRESS	4732 DOUGLAS RD
CITY-ST-ZIP	DOWNERS GROVE, IL 60515
TITLE	VPF
NAME	SCHULZ, SAMUEL
STREET ADDRESS	33753 AMERICANA AVE
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	ST
NAME	PERRITT, GAIL
STREET ADDRESS	13306 TRADITION DR
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Samuel J. Schulz **SAMUEL J. SCHULZ CFO** 1/4/08 (352) 588-2935
SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #