

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001751

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: INVESTMENT INFORMATION SERVICES, INC.

## Current Principal Place of Business:

13306 TRADITION DR.  
DADE CITY, FL 33525 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 2369  
SAINT LEO, FL 33574 US

## New Mailing Address:

FEI Number: 36-3137157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRITT, GERALD W  
13306 TRADITION DR.  
DADE CITY, FL 33525 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: DCPT ( ) Delete  
Name: PERRITT, GERALD W  
Address: 13306 TRADITION DR.  
City-St-Zip: DADE CITY, FL 33525

Title: VS ( ) Delete  
Name: CORBETT, MICHAEL J  
Address: 4732 DOUGLAS RD  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: VPF ( ) Delete  
Name: SCHULZ, SAMUEL  
Address: 33753 AMERICANA AVE  
City-St-Zip: DADE CITY, FL 33525

Title: ST ( ) Delete  
Name: PERRITT, GAIL  
Address: 13306 TRADITION DR  
City-St-Zip: DADE CITY, FL 33525

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ( ) Change ( ) Addition  
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: SAMUEL J. SCHULZ

VP

01/07/2009

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

\_\_\_\_\_  
Date