

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G18924

FILED
Mar 03, 2009
Secretary of State

Entity Name: ACCREDITED INSURANCE SERVICES, INC.

Current Principal Place of Business:

6734 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

6734 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813

New Mailing Address:

6734 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813 US

FEI Number: 59-2437527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM L., HUGHES PRES.
6734 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

HUGHES, WILLIAM L PRES.
6734 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813 US

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: WILLIAM L. HUGHES

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAM L., HUGHES PRES
Address: 6734 BROKEN ARROW TR. S.
City-St-Zip: LAKELAND, FL 33813 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUGHES, WILLIAM L PRES
Address: 6734 BROKEN ARROW TR. S.
City-St-Zip: LAKELAND, FL 33813 US

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: WILLIAM L. HUGHES

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date