# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 16, 2011**
**Secretary of State**

DOCUMENT# G18924

**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 US

**New Mailing Address:**

**FEI Number: 59-2437527** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUGHES, WILLIAM L PRES.
6734 BROKEN ARROW TRAIL SOUTH
LAKELAND, FL 33813 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: P
Name: HUGHES, WILLIAM L PRES
Address: 6734 BROKEN ARROW TR. S.
City-St-Zip: LAKELAND, FL 33813 US

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: WILLIAM L. HUGHES PRES 02/16/2011

Electronic Signature of Signing Officer or Director Date