


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90041 049 ***150.00

DOCUMENT # H24821			
1. Entity Name STUDENT INSURANCE SERVICES, INC.			
Principal Place of Business 1886 S 14 STREET SUITE #4 FERNANDINA BEACH, FL 32034 US		Mailing Address P O BOX 16989 FERNANDINA BEACH, FL 32035 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAHAM, KATHLEEN A. 1205 BALBOA COURT FT. LAUDERDALE, FL 33326		Name <u>KATHLEEN A. GRAHAM</u> Street Address (P.O. Box Number is Not Acceptable) <u>47 MARSH LAKES DRIVE</u> City <u>FERNANDINA BEACH</u> FL Zip Code <u>33326</u>	
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: <u>Kathleen A Graham</u>		DATE: <u>7-19-07</u>	
<p>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p> <p>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GRAHAM, JR., FRANCIS G. 1205 BALBOA COURT FT. LAUDERDALE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>47 MARSH LAKES DRIVE</u> <u>FERNANDINA BEACH FL 33326</u>
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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: <u>[Signature]</u>		Date: <u>7/19/07</u> Daytime Phone #: <u>904(261-5211)</u>	