

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24821

FILED
Feb 12, 2011
Secretary of State

Entity Name: STUDENT INSURANCE SERVICES, INC.

Current Principal Place of Business:

1886 S 14 STREET
SUITE #4
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 16989
FERNANDINA BEACH, FL 32035 US

New Mailing Address:

FEI Number: 59-2467843 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRAHAM, KATHLEEN A.
96036 MARSH LAKES DRIVE
FERNANDINA BEACH, FL 32034 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: CP
Name: GRAHAM, JR., FRANCIS G.
Address: 96036 MARSH LAKES DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S
Name: GRAHAM, KATHLEEN A.
Address: 96036 MARSH LAKES DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: FRANCIS G. GRAHAM, JR. _____

Electronic Signature of Signing Officer or Director

CP

02/12/2011

_____ Date