

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J30462

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** REGENT BANK INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

2205 S. UNIVERSITY DR.  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

2205 S. UNIVERSITY DR.  
DAVIE, FL 33324

**New Mailing Address:**

**FEI Number:** 59-2727555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBBER, BARRY S  
4430 S.W. 64TH AVENUE  
DAVIE, FL 33314 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: V  
Name: OWEN, PAMELA J  
Address: 1 SELKIRK CT  
City-St-Zip: SIMPSONVILLE, SC 29681

Title: DC  
Name: SPIRO, CYRIL S  
Address: 712 SOLAR ILSE DRIVE  
City-St-Zip: FT. LAUDERDALE, FL

Title: DP  
Name: LECORGNE, NEILL  
Address: 720 LAUREL LANE WEST  
City-St-Zip: HOLLYWOOD, FL 33027

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: CYRIL S SPIRO

DC

03/21/2011

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

\_\_\_\_\_  
Date