

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14536

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** PROFESSIONAL INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1515 HANCOCK BRIDGE PKWY  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 HANCOCK BRIDGE PKWY  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

FEI Number: 65-0148564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAKER, GARY  
1515 HANCOCK BRIDGE PWKY  
CAPE CORAL,, FL 33990 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: PRES  
Name: BAKER, GARY  
Address: 1515 HANCOCK BRIDGE PKWY  
City-St-Zip: CAPE CORAL, FL 33990

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: GARY BAKER

PRES

03/17/2011

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

\_\_\_\_\_  
Date