

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67037

FILED
Apr 22, 2009
Secretary of State

Entity Name: OCEAN STATE INSURANCES SERVICES, INC.

Current Principal Place of Business:

4613 PHILIPS HWY.
SUITE 209
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

OCEAN STATE INS
P O BOX 16324
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 59-3004524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURER, DOUGLAS V.
3654 SALT MEADOW CT NORTH
JACKSONVILLE, FL 32224 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PF () Delete
Name: MAURER, DOUGLAS V.
Address: 3654 SALTMEADOW CT. N.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD () Delete
Name: MAURER, CARLA R.
Address: 3654 SALTMEADOW CT. N.
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS V. MAURER

PF

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date