

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L93868

FILED
Apr 29, 2011
Secretary of State

Entity Name: MONROE/INSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2800 N.E. 14TH ST.
6
OCALA,, FL 34470 US

New Principal Place of Business:

233 S.W. 3RD ST.
OCALA,, FL 34471 US

Current Mailing Address:

P.O. BOX 2720
OCALA, FL 34478 US

New Mailing Address:

P.O. BOX 1867
OCALA, FL 34478 US

FEI Number: 59-3035101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONROE, MICHAEL L.
543 SE 21ST LANE
OCALA, FL 34471 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: PTD
Name: MONROE, MICHAEL L.
Address: 543 SE 21ST LANE
City-St-Zip: OCALA, FL 34471

Title: VSD
Name: MONROE, TONYA DENISE
Address: 543 SE 21ST LANE
City-St-Zip: OCALA, FL 34471

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: MIKE MONROE

PTD

04/29/2011

Electronic Signature of Signing Officer or Director

Date