

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025104

FILED
Apr 25, 2007
Secretary of State

Entity Name: AMSLEY INSURANCE SERVICES, INC.

Current Principal Place of Business:

1617 13TH STREET
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1617 13TH STREET
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3630262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURCK, LANCE
1617 13TH STREET
ST. CLOUD, FL 34769 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: D () Delete
Name: TURCK, LANCE
Address: 1605 13TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: OV () Delete
Name: TURCK, JOANNE
Address: 1605 13TH STREET
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TURCK, LANCE
Address: 1617 13TH STREET
City-St-Zip: ST. CLOUD, FL 34769

Title: OV (X) Change () Addition
Name: TURCK, JOANNE
Address: 1617 13TH STREET
City-St-Zip: ST. CLOUD, FL 34769

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: LANCE TURCK

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

Date