

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081125

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** COMPLETE INSURANCE SOURCE, INC.

**Current Principal Place of Business:**

111 W. JEFFERSON STREET  
SUITE 100  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

111 W. JEFFERSON STREET  
SUITE 100  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 59-3673631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STREUFERT, SHANE  
111 W JEFFERSON STREET  
SUITE 100  
ORLANDO, FL 32801 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: GOIN, BRUCE  
Address: 111 W. JEFFERSON STREET SUITE 100  
City-St-Zip: ORLANDO, FL 32801

Title: CEO  
Name: WILLIAMS, DAYNE  
Address: 111 W. JEFFERSON STREET SUITE 100  
City-St-Zip: ORLANDO, FL 32801

Title: SEC  
Name: ROBBINSON, WILLIAM H JR  
Address: 111 W. JEFFERSON STREET SUITE 100  
City-St-Zip: ORLANDO, FL 32801

Title: CFO  
Name: STREUFERT, SHANE  
Address: 111 W. JEFFERSON STREET, SUITE 100  
City-St-Zip: ORLANDO, FL 32801

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: BRUCE GOIN

PRES

04/05/2011

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

\_\_\_\_\_  
Date