

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086303

FILED
Apr 20, 2009
Secretary of State

Entity Name: DIRECT INSURANCE SERVICES, INC.

Current Principal Place of Business:

300 N. WOODLAND BLVD.
SUITE B
DELAND, FL 32720

New Principal Place of Business:

18 N LAKE ST
CRESCENT CITY, FL 32112

Current Mailing Address:

300 N. WOODLAND BLVD.
SUITE B
DELAND, FL 32720

New Mailing Address:

18 N LAKE ST
CRESCENT CITY, FL 32112

FEI Number: 59-3671490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURIE, HELEN A
300 N WOODLAND BLVD
STE B
DELAND, FL 32720 US

Name and Address of New Registered Agent:

LAURIE, HELEN A
18 N LAKE ST
CRESCENT CITY, FL 32112 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LAURIE, HELEN A
Address: 18 N LAKE ST
City-St-Zip: CRESCENT CITY, FL 321122618 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HELEN A. LAURIE

PSTD

04/20/2009

Electronic Signature of Signing Officer or Director

Date