

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049746

FILED
Feb 14, 2011
Secretary of State

Entity Name: COMMUNITY INSURANCE SERVICES, INC

Current Principal Place of Business:

40347 US HWY 19 N
SUITE 102
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

40347 US HWY 19 N
SUITE 102
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3717349 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PENNEY, LINDA
40347 US HWY 19 N
SUITE 102
TARPON SPRINGS, FL 34689 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: MS
Name: PENNEY, LINDA J PRES
Address: 460 REBSTOCK BLVD
City-St-Zip: PALM HARBOR, FL 34683

Title: MR
Name: PENNEY, KEVIN J SEC
Address: 7300 HIDEAWAY TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: MR
Name: PENNEY, AARON J TREAS
Address: 7305 HIDEAWAY TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: LINDA PENNEY

PRES

02/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date