# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 12, 2011**
**Secretary of State**

DOCUMENT# P01000058066

**Entity Name:** AFFILIATED INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

611 BAYWOOD DR
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 910
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number: 59-3724081** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

STANLEY, LANCE S
3016 STANFORD RD
PANAMA CITY, FL 32405 US

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

STANLEY, LANCE S
611 BAYWOOD DR
LYNN HAVEN, FL 32444 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: _____ 09/12/2011
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: TVD
Name: STANLEY, MARLENE R
Address: 6011 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 324RR

Title: PSD
Name: STANLEY, LANCE S
Address: 611 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444

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: LANCE STANLEY PRES 09/12/2011
Electronic Signature of Signing Officer or Director — Date