2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2012
Secretary of State

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Entity Name: AFFILIATED INSURANCE SERVICES, INC.

Current Principal Place of Business:

611 BAYWOOD DR
LYNN HAVEN, FL 32444

New Principal Place of Business:

1305 ALABAMA AVE
LYNN HAVEN, FL 32444

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
611 BAYWOOD DR
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

STANLEY, LANCE S
1305 ALABAMA AVE
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: 03/11/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TVD
Name: STANLEY, MARLENE R
Address: 1305 ALABAMA AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: PSD
Name: STANLEY, LANCE S
Address: 1305 ALABAMA AVE
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 03/11/2012
Electronic Signature of Signing Officer or Director Date