

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000007905

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: INSURANCE DATA SERVICES, INC.

## Current Principal Place of Business:

328 LAKE BRITTANY CT  
LAKE MARY, FL 32746

## New Principal Place of Business:

311 ALTAMONTE COMMERCE BLVE  
STE 1602  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

P O BOX 917329  
LONGWOOD, FL 32791

## New Mailing Address:

FEI Number: 30-0023423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BILL, BERT L  
328 LAKE BRITTANY CT  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

BILL, BERT L  
P O BOX 917329  
LONGWOOD, FL 32791 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: BERT L. BILL

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BILL, BERT L  
Address: 328 LAKE BRITTANY CT  
City-St-Zip: LAKE MARY, FL 32746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BILL, BERT L PRES  
Address: 505 VIA DELL ORO DR, #105  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BERT L. BILL

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date