

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000015975

Entity Name: DMS INSURANCE SERVICES, INC.

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1425 20TH ST  
VERO BEACH, FL 32960

**New Principal Place of Business:**

3496 MARSHA LN  
VERO BEACH, FL 32967

**Current Mailing Address:**

3496 MARSHA LANE  
VERO BEACH, FL 32967

**New Mailing Address:**

3496 MARSHA LN  
VERO BEACH, FL 32967

FEI Number: 90-0008942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIPEREK, DAVID  
1425 20TH ST  
VERO BEACH, FL 32960 US

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

SIPEREK, DAVID  
3496 MARSHA LN  
VERO BEACH, FL 32967 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:

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIPEREK, DAVID M  
Address: 3496 MARSHA LN  
City-St-Zip: VERO BEACH, FL 32967

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: DAVID SIPEREK

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date