## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 22, 2007 8:00 am DOCUMENT # P02000048469 **Secretary of State** 02-22-2007 90024 012 \*\*\*150.00 CORPORATE INSURANCE SOLUTIONS, INC. Principal Place of Business Mailing Address 4415 FLORIDA NATIONAL DR., SUITE 206 LAKELAND FL 33813 4415 FLORIDA NATIONAL DR., SUITE 206 LAKELAND FL 33813 3. Mailing Address 1102 South Florida Avenue Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # 1102 South Florida Avenue Suitc, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 03-0458609 City & State City & State Lakeland, Florida Applied For Lakeland Not Applicable Country U.S. \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Thomas Ray Jenkins Street Address (P.O. Box Number is Not Acceptable) JENKINS, THOMAS RAY 4615 DARCIN DR. LAKELAND FL 33813 5160 Riverlake Drive Zip Code 33830 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Delete HIUL Change ☐ Addition JENKINS, THOMAS NAME NAME 5160 RIVERLAKE DR STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CHY-ST-ZIP CITY ST-7IP TITLE ☐ Defete TITLE Change Addition JENKINS, CHRISTINE G NAME NAME 5160 RIVERLAKE DR STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CHY-ST-7IP CHY-ST-ZIP THRE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 11111 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST - ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 1 till changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07 863-686-3840

FILED