

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000053105

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** INSURANCE SERVICES OF POMPANO BEACH, INC.

**Current Principal Place of Business:**

101 N RIVERSIDE DR, STE 123  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

101 N RIVERSIDE DR,  
SUITE 123  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

101 N RIVERSIDE DR, STE 123  
POMPANO BEACH, FL 33062

**New Mailing Address:**

101 N RIVERSIDE DR,  
SUITE 123  
POMPANO BEACH, FL 33062

**FEI Number:** 05-0569364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEHOE, PETER A  
101 N RIVERSIDE DR, STE 123  
POMPANO BEACH, FL 33062 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KEHOE, PETER A  
Address: 2941 NE 23RD CT  
City-St-Zip: POMPANO BEACH, FL 33062

Title: STD  
Name: HATTON, JOAN F ST  
Address: 2941 NE 23RD COURT  
City-St-Zip: POMPANO BEACH, FL 33062

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: JOAN F. HATTON

STD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date