

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90002 015 ***150.00

DOCUMENT # P03000082530			
1. Entity Name FLORIDIAN INSURANCE SERVICES, INC.			
Principal Place of Business 1045 JOHN YOUNG PKWY KISSIMMEE, FL 34741 US		Mailing Address 1045 JOHN YOUNG PKWY KISSIMMEE, FL 34741 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1945 Big Cypress Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St. Cloud FL	
Zip	Country	Zip 34771	Country OSCCOLA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VALLE, MONICA P 542 WHITTINGHAM PLACE LAKE MARY, FL 32746		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLE, MONICA P 542 WHITTINGHAM PLACE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: 		Date: 9/01/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	