

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035219

FILED
Apr 27, 2011
Secretary of State

Entity Name: BLAIR INSURANCE SERVICE, INC.

Current Principal Place of Business:

5001 S. HWY 17-92
CASSELBERRY, FL 32718

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180398
CASSELBERRY, FL 32718

New Mailing Address:

FEI Number: 20-1127845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, BLAIR T
1501 E CONCORD STREET
ORLANDO, FL 32803 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: PRES
Name: MANUEL, MICHAEL W
Address: 5001 S. HWY 17-92
City-St-Zip: CASSELBERRY, FL 32718

Title: V.P
Name: MANUEL, SUZANNA P
Address: 5001 S. HWY 17-92
City-St-Zip: CASSELBERRY, FL 32718

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: MICHAEL W. MANUEL

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date