

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000041543

1. Entity Name
COMPREHENSIVE INSURANCE SERVICES, INC.



Principal Place of Business

300 S PARK ROAD
HOLLYWOOD, FL 33021

Mailing Address

2828 CROASDAILE DR
DURHAM, NC 27705

FILED

06 MAR -1 PM 3:25

SECRETARY
TALLAHASSEE, FLORIDA



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0828464

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCOTT, CHASE MARTIN
STREET ADDRESS	271 COCONUT PALM RD
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DP
NAME	VAN NOTE, ARTHUR J
STREET ADDRESS	399 NW 87TH TERR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	DST
NAME	WEGNER, ANITA S
STREET ADDRESS	2828 CROASDAILE DR
CITY-ST-ZIP	DURHAM, NC 27705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800067975448
03/16/06--01020--020 **2250.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Anita S. Wegner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita S. Wegner, Secretary
Date

02-17-06
719 425 1500
Daytime Phone #