

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0828464

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1000000689120
03/27/07-80057-022 150.00**

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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita S. Wegner, Sec 01-16-07 919-425-1500

Date

Daytime Phone #