

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000152590

**1. Entity Name
CPALLIANCE INSURANCE SERVICES, INC.**



**Principal Place of Business
1509 S FLORIDA AVE
LAKE LAND, FL 33803**

**Mailing Address
1509 S FLORIDA AVE
LAKE LAND, FL 33803**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1879290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, JOSEPH A
3500 S FLORIDA AVE STE 3
LAKE LAND, FL 33803**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARUSO, ANTHONY C
STREET ADDRESS	629 E HILLSBOROUGH BLVD
CITY-ST-ZIP	DEERFIELD BCH, FL 33441
TITLE	D
NAME	SMITH, CHAS P
STREET ADDRESS	1050 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP	LAKE LAND, FL 33803
TITLE	D
NAME	ASHLEY, FRANK M III
STREET ADDRESS	2856 CARRIE LN
CITY-ST-ZIP	LAKE LAND, FL 33813
TITLE	D
NAME	GOLOTKO, PETER C
STREET ADDRESS	4318 FOREST HILLS DR
CITY-ST-ZIP	LAKE LAND, FL 33813
TITLE	D
NAME	LUFFMAN, JAMES M
STREET ADDRESS	1204 EASTON DR
CITY-ST-ZIP	LAKE LAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11/16/07-60019-021 150.00

**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: *James M. Luffman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07 863-688-1725
Date Daytime Phone #