2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000152590

1. Entity Name
CPALLIANCE INSURANCE SERVICES, INC.

Principal Place of Business
1509 S FLORIDA AVE
LAKELAND, FL 33803

Mailing Address
1509 S FLORIDA AVE
LAKELAND, FL 33803

01042008 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 ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
3500 S FLORIDA AVE STE 3
LAKELAND, FL 33803

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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, 2008 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	LAKELAND, FL 33803
TITLE	D
NAME	ASHLEY, FRANK M III
STREET ADDRESS	2856 CARRIE LN
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	GOLOTKO, PETER C
STREET ADDRESS	4318 FOREST HILLS DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	LUFFMAN, JAMES M
STREET ADDRESS	1204 EASTON DR
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000776059
01/09/08-80009-009-150.00

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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 all other like empowered.

SIGNATURE: _____ 1/7/08 863-638-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #