2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P04000152590

Entity Name: CPALLIANCE INSURANCE SERVICES, INC.

Current Principal Place of Business:

1509 S FLORIDA AVE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

1509 S FLORIDA AVE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-1879290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARUSO, ANTHONY C
Address: 629 E HILLSBOROUGH BLVD
City-St-Zip: DEERFIELD BCH, FL 33441

Title: D ( ) Delete
Name: SMITH, CHAS P
Address: 1050 LAKE HOLLINGSWORTH DR
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: ASHLEY, FRANK M III
Address: 2856 CARRIE LN
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: GOLOTKO, PETER C
Address: 4318 FOREST HILLS DR
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: LUFFMAN, JAMES M
Address: 1204 EASTON DR
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANK ASHLEY VP 01/06/2009

Electronic Signature of Signing Officer or Director Date