

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000005162

FILED
Jul 27, 2006
Secretary of State

Entity Name: KING'S BAY INSURANCE SERVICES, INC.

Current Principal Place of Business:

1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE, FL 32207

New Principal Place of Business:

818 A1A NORTH
SUITE 301
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE, FL 32207

New Mailing Address:

818 A1A NORTH
SUITE 301
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-2325772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLPE, TIMOTHY W
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE, FL 32207 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HOWSON, BRUCE K
Address: 1301 RIVERPLACE BLVD. SUITE 1700
City-St-Zip: JACKSONVILLE, FL 32207

Title: S () Delete
Name: VOLPE, TIMOTHY W
Address: 1301 RIVERPLACE BLVD. SUITE 1700
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HOWSON, BRUCE K
Address: 818 A1A NORTH, SUITE 301
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE K. HOWSON

PTD

07/27/2006

Electronic Signature of Signing Officer or Director

Date