

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052717

FILED
Jan 15, 2009
Secretary of State

Entity Name: PREFERRED BONDS & INSURANCE SERVICES, INC.

Current Principal Place of Business:

413 PLAZA AVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

210 N. MAIN AVE
LAKE PLACID, FL 33852 US

Current Mailing Address:

153 PLACID DRIVE
LAKE PLACID, FL 33852 US

New Mailing Address:

210 N. MAIN AVE
LAKE PLACID, FL 33852 US

FEI Number: 20-2659937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUNCIL, MICHELE A
413 PLAZA AVE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

COUNCIL, MICHELE A
210 N. MAIN AVE
LAKE PLACID, FL 33852 US

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: MICHELE COUNCIL

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: COUNCIL, MICHELE A
Address: 413 PLAZA AVE
City-St-Zip: LAKE PLACID, FL 33852 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: COUNCIL, MICHELE A
Address: 210 N. MAIN AVE
City-St-Zip: LAKE PLACID, FL 33852 US

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: MICHELE COUNCIL

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date