

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087893

FILED
Jan 15, 2007
Secretary of State

Entity Name: COMMERCIAL INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

3111 W. DR. M. L. KING BLVD., SUITE 100
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

PO BOX 271792
TAMPA, FL 33688

New Mailing Address:

FEI Number: 20-3101609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUDOIN, KAREN
112 W NEW HAVEN AVE
MELBOURNE, FL 32901 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: PRES () Delete
Name: MOORE, PETER J PRES
Address: 3111 W. DR. M. L. KING BLVD. SUITE 100
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: MOORE, JULIE N
Address: 3111 W. DR. M. L. KING BLVD. SUITE 100
City-St-Zip: TAMPA, FL 33607

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: PETE MOORE

PRES

01/15/2007

Electronic Signature of Signing Officer or Director

Date