

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000087893

**FILED**  
**Apr 30, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MOORE, PETER J PRES  
Address: 3111 W. DR. M. L. KING BLVD. SUITE 100  
City-St-Zip: TAMPA, FL 33607

Title: VP  
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 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 all other like empowered.

SIGNATURE: PETE MOORE

PRES

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date