

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123502

**FILED**  
**Jul 12, 2009**  
**Secretary of State**

**Entity Name:** CERTIFIED INSURANCE RESTORATION CONSULTANTS, INC.

**Current Principal Place of Business:**

193 N.E. CYPRESS TRAIL  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

193 N.E. CYPRESS TRAIL  
JENSEN BEACH, FL 34957

**New Mailing Address:**

FEI Number: 20-3420667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BEACON ACCOUNTING SERVICE, INC.  
3135 SW MAPP ROAD  
PALM CITY, FL FL 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: P ( ) Delete  
Name: MAY, PHIL  
Address: 193 N.E. CYPRESS TRAIL  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PHIL MAY

P

07/12/2009

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

\_\_\_\_\_ Date