2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# P06000083549

Entity Name: D & H INSURANCE SERVICES, INC.

Current Principal Place of Business:

1206 W. BROAD STREET
GROVELAND, FL 34736 US

New Principal Place of Business:

133 E ORANGE STREET
GROVELAND, FL 34736 US

Current Mailing Address:

1206 W. BROAD STREET
GROVELAND, FL 34736 US

New Mailing Address:

133 E ORANGE STREET
GROVELAND, FL 34736 US

FEI Number: 20-5081675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVILA, HECTOR
1206 W. BROAD STREET
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

DAVILA, HECTOR
133 E ORANGE STREET
GROVELAND, FL 34736 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: HECTOR DAVILA 01/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVILA, HECTOR
Address: 1206 W. BROAD STREET
City-St-Zip: GROVELAND, FL 34736 US

Title: VP ( ) Delete
Name: DAVILA, LAVERNE D
Address: 1206 W. BROAD STREET
City-St-Zip: GROVELAND, FL 34736 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAVILA, HECTOR
Address: 133 E ORANGE STREET
City-St-Zip: GROVELAND, FL 34736 US

Title: VP (X) Change ( ) Addition
Name: DAVILA, LAVERNE D
Address: 133 E ORANGE STREET
City-St-Zip: GROVELAND, FL 34736 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: HECTOR DAVILA P 01/13/2009
Electronic Signature of Signing Officer or Director Date