

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138345

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: PALM COAST INSURANCE SERVICES, INC.

## Current Principal Place of Business:

15 CYPRESS BRANCH WAY  
SUITE 203  
PALM COAST, FL 32164

## New Principal Place of Business:

1 FLORIDA PARK DRIVE NORTH  
UNIT 104  
PALM COAST, FL 32137

## Current Mailing Address:

15 CYPRESS BRANCH WAY  
SUITE 203  
PALM COAST, FL 32164

## New Mailing Address:

1 FLORIDA PARK DRIVE NORTH  
UNIT 104  
PALM COAST, FL 32137

FEI Number: 20-5824407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'BRIEN, DONALD T JR.  
15 CYPRESS BRANCH WAY  
SUITE 203  
PALM COAST, FL 32164 US

## Name and Address of New Registered Agent:

O'BRIEN, DONALD T JR.  
1 FLORIDA PARK DRIVE NORTH  
UNIT 104  
PALM COAST, FL 32137 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:

04/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: O'BRIEN, WENDI L  
Address: 15 CYPRESS BRANCH WAY, SUITE 203  
City-St-Zip: PALM COAST, FL 32164

Title: VP (X) Delete  
Name: BEXLEY, CAROL  
Address: 15 CYPRESS BRANCH WAY, SUITE 203  
City-St-Zip: PALM COAST, FL 32164

Title: S/T ( ) Delete  
Name: O'BRIEN, DONALD T JR.  
Address: 15 CYPRESS BRANCH WAY, SUITE 203  
City-St-Zip: PALM COAST, FL 32164

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: O'BRIEN, WENDI L  
Address: 1 FLORIDA PARK DRIVE NORTH, UNIT 104  
City-St-Zip: PALM COAST, FL 32137

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

Title: S/T (X) Change ( ) Addition  
Name: O'BRIEN, DONALD T JR.  
Address: 1 FLORIDA PARK DRIVE NORTH, UNIT 104  
City-St-Zip: PALM COAST, FL 32137

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: DONALD T. O'BRIEN, JR.

S

04/03/2007

Electronic Signature of Signing Officer or Director

Date