

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007284

FILED
Feb 05, 2008
Secretary of State

Entity Name: BRIAN WIGGINS INSURANCE SERVICES, INC

Current Principal Place of Business:

2290 SOUTH VOLUSIA AV
H2
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

2290 SOUTH VOLUSIA AV
H2
ORANGE CITY, FL 32763

New Mailing Address:

FEI Number: 20-8262663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, BRIAN
1695 LEE ROAD
APT 205
WINTER PARK, FL 32789 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: WIGGINS, BRIAN
Address: 1695 LEE ROAD APT 205
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: WIGGINS, GERALD
Address: 681 N WELLINGTON DR
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BRIAN WIGGINS

PRES

02/05/2008

Electronic Signature of Signing Officer or Director

Date