

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057029

FILED
Apr 20, 2011
Secretary of State

Entity Name: PROVIDENT LIFE INSURANCE SERVICES INC.

Current Principal Place of Business:

7575 DR. PHILLIPS BLVD.
135
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

14215 BLUEBIRD PARK ROAD
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 26-2826609 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PASSARELLI, JAMES A P
14215 BLUEBIRD PARK ROAD
WINDERMERE, FL 34786 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: P, D
Name: PASSARELLI, JAMES A P
Address: 14215 BLUEBIRD PARK ROAD
City-St-Zip: WINDERMERE, FL 34786 US

Title: S, T
Name: PASSARELLI, JAMES A
Address: 14215 BLUEBIRD PARK ROAD
City-St-Zip: WINDERMERE, FL 34786 US

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: JAME PASSARELLI

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date