

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000018459

FILED
Feb 17, 2011
Secretary of State

Entity Name: MARSHALL INSURANCE SERVICES, INC.

Current Principal Place of Business:

596-3RD STREET, S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

596-3RD STREET, S.W.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 26-4348909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, CHALLIS G
265 LAKE LINK ROAD, EAST
WINTER HAVEN, FL 33884 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: MARSHALL, CHALLIS G
Address: 265 LAKE LINK ROAD, EAST
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP,D
Name: MARSHALL, LARRY G
Address: 3813 GAINES COVE, S.E.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: MARSHALL, DUSTIN K
Address: 3813 GAINES COVE, S.E.
City-St-Zip: WINTER HAVEN, FL 33884

Title: SEC
Name: MARSHALL, CHALLIS G
Address: 265 LAKE LINK ROAD, EAST
City-St-Zip: WINTER HAVEN, FL 33884

Title: TREA
Name: MARSHALL, CHALLIS G
Address: 265 LAKE LINK ROAD, EAST
City-St-Zip: WINTER HAVEN, FL 33884

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: CHALLIS G MARSHALL

PD

02/17/2011

Electronic Signature of Signing Officer or Director

Date