2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P93000016015

Entity Name: GROUP INSURANCE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1215 EAST BUCKNELL AVENUE
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2847
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 65-0398666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROXBY, JODY L
1215 EAST BUCKNELL AVENUE
INVERNESS, FL 34450 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:	PDT	( ) Delete
Name:	ROXBY, JODY L	
Address:	1215 EAST BUCKNELL AVENUE	
City-St-Zip:	INVERNESS, FL	
Title:	V	( ) Delete
Name:	ROXBY, RANDAL F	
Address:	1215 E. BUCKNELL AVE.	
City-St-Zip:	INVERNESS, FL	
Title:	D	( ) Delete
Name:	ROXBY, DORIS J	
Address:	9314 LIDO LANE	
City-St-Zip:	PORT RICHEY, FL	
Title:	S	( ) Delete
Name:	JUDGE, JESSIE	
Address:	1220 E. BUCKNELL AVE.	
City-St-Zip:	INVERNESS, FL 34450	
Title:	T	( ) Delete
Name:	BAK, CASSIE	
Address:	1215 E BUCKNELL AVE	
City-St-Zip:	INVERNESS, FL 34450	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JODY L ROXBY PDT 04/29/2009

Electronic Signature of Signing Officer or Director — Date