2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 10 PM 4:42

DOCUMENT # P93000019145

1. Entity Name
ASSOCIATED INDUSTRIES INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
901 NW 51ST ST. BOCA RATON, FL 33431	P.O. BOX 310704 BOCA RATON, FL 33431 US

05102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3170795
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEBEL, JON L
901 NW 51ST STREET
BOCA RATON, FL 33431-0704

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEBEL, JON L
STREET ADDRESS	901 NW 51ST STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CD
NAME	WEST, ROBERT W
STREET ADDRESS	516 NORTH ADAMS STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	ZAGORAC, MICHAEL JR
STREET ADDRESS	201 E. KENNEDY BLVD., SUITE 1611
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	T
NAME	MCGARVEY, DANIEL J
STREET ADDRESS	901 NW 51ST STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	SPEARMAN, GUY M III
STREET ADDRESS	402 HIGHPOINT DRIVE SUITE A
CITY-ST-ZIP	COCOA, FL 329266634
TITLE	D
NAME	DAVIS, T W
STREET ADDRESS	1910 SAN MARCO BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32207

400102147614
05/11/07--01001--023 **150.00

400102147614
05/11/07--01001--024 **8.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] for Harvey in fact 4/26/07 800 866-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #