

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062807

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** SIMSOL INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1845 E. JOHN SIMS PKWY.  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

1845 E. JOHN SIMS PKWY.  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 65-0387021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, DONALD L  
1845 E JOHN SIMS PKWY  
NICEVILLE, FL 32578 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  
Name: POSTAVA, JOHN A  
Address: 1845 E JOHN SIMS PKWY  
City-St-Zip: NICEVILLE, FL 32578

Title: TS  
Name: ROBERTS, DONALD L  
Address: 1845 E JOHN SIMS PKWY  
City-St-Zip: NICEVILLE, FL 32578

Title: VP  
Name: ROBERTS, NANCY J  
Address: 1845 E. JOHN SIMS PKWY.  
City-St-Zip: NICEVILLE, FL 32578 US

Title: VP  
Name: DAVIDSON POSTAVA, JAN  
Address: 1845 E JOHN SIMS PKWY  
City-St-Zip: NICEVILLE, FL 32578 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: DONALD L ROBERTS

T,S

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date