

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057116

FILED  
Feb 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

218 SOUTH LAKE AVENUE  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1189  
APOPKA, FL 32704 US

**New Mailing Address:**

**FEI Number:** 59-3260662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DECLUE, LESTER  
1641 SUNSET VILLAGE BLVD.  
CLERMONT, FL 34711 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: PD  
Name: DECLUE, LESTER  
Address: 1641 SUNSET VILLAGE BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: SD  
Name: DECLUE, CHRISTOPHER  
Address: 218 SOUTH LAKE AVENUE  
City-St-Zip: APOPKA, FL 32703

Title: TD  
Name: ST GERMAIN, MELINDA  
Address: 225 KENTUCKY BLUE CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: VD  
Name: DECLUE, SUE ANN  
Address: 1641 SUNSET VILLAGE BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: DECLUE, JONATHAN  
Address: 218 SOUTH LAKE AVENUE  
City-St-Zip: APOPKA, FL 32703

Title: D  
Name: DECLUE, MATTHEW  
Address: 218 SOUTH LAKE AVENUE  
City-St-Zip: APOPKA, FL 32703

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: LESTER DECLUE

PD

02/09/2012

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

\_\_\_\_\_  
Date