## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000069174

SJC, CA 92675

City-St-Zip:

FILED Jun 29, 2005 Secretary of State

Entity Nar	ne: EXECU	TIVE INSURANCE SERVICE	ES, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
95 E MITCHELL HAMMOCK RD STE 201							
OVIEDO, F	L 32765	US					
Current Mailing Address:				New Mailing Address:			
	HELL HAMM	OCK RD					
STE 201 OVIEDO, F	L 32765	US					
FEI Number: 59-3268664 FEI Number Applied For ( )			FEI Numb	er Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ORLANDO	NGE AVE, 9 9, FL 32801 named entity	US	ne purpose of c	changing it	s registered	office or registered agent, or	· both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered	Agent			Date	
		93(2)(b), F.S., the corporation di ng Trust Fund Contribution (  ).	d not receive the	prior notice	<b>).</b>		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FLELCHER, E	LL HAMMOCK RD #201	N A	itle: ame: ddress: ity-St-Zip:	FLELCHER,	LL HAMMOCK RD #201	
Title: Name: Address:	T ( NEVITT, JULIA 33831 LIMER		N	itle: ame: ddress:	(	) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JULIA NEVITT 06/29/2005 Τ