

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000069174

FILED
Apr 07, 2008
Secretary of State

Entity Name: EXECUTIVE INSURANCE SERVICES, INC.

Current Principal Place of Business:

30 WINDSORMERE WAY
STE 200
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

30 WINDSORMERE WAY
STE 200
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3268664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMP, MARTIN F
2 SOUTH ORANGE AVE.
5TH FLOOR
ORLANDO, FL 32801 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: P () Delete
Name: FLELCHER, E. DIANE
Address: 30 WINDSORMERE WAY #200
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: NEVITT, JULIA
Address: 33831 LIMERICK
City-St-Zip: SJC, CA 92675

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLETCHER, E. DIANE
Address: 30 WINDSORMERE WAY #200
City-St-Zip: OVIEDO, FL 32765

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: JULIA NEVITT

T

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date