2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# P95000064135

Entity Name: INTERSTATE NATIONAL DEALER SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

333 EARLE OVINGTON BLVD.
SUITE 700
MITCHEL FIELD, NY 11553

New Principal Place of Business:

333 EARLE OVINGTON BLVD.
SUITE 700
UNIONDALE, NY 11553

Current Mailing Address:

204 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 11-3284019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEENAN, TIMOTHY J
204 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 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:	PC	( ) Delete
Name:	FETHERSTON, SHAUN M	
Address:	333 EARLE OVINGTON BLVD	
City-St-Zip:	MITCHEL FIELD, NY 11553	
Title:	VS	( ) Delete
Name:	MORLEY, BREANNE	
Address:	333 EARLE OVINGTON BLVD.	
City-St-Zip:	MITCHEL FIELD, NY 11553	
Title:	VD	( ) Delete
Name:	ALTMAN, LAWRENCE J	
Address:	333 EARLE OVINGTON BLVD.	
City-St-Zip:	MITCHEL FIELD, NY 11553	
Title:	D	( ) Delete
Name:	BECKER, EUGENE	
Address:	333 EARLE OVINGTON BLVD	
City-St-Zip:	MITCHEL FIELD, NY 11553	
Title:	T	( ) Delete
Name:	MARA, DENNIS J	
Address:	333 EARLE OVINGTON BLVD	
City-St-Zip:	UNIONDALE, NY 11553	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BREANNE MORLEY VS 04/03/2009
Electronic Signature of Signing Officer or Director — Date