2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2011
Secretary of State

DOCUMENT# P96000066222

Entity Name: HOME BUILDERS INSURANCE SERVICES, INC.

Current Principal Place of Business:

5011 GATE PARKWAY
STE 150
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

5011 GATE PARKWAY
STE 150
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3427506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWARD, ALAN G
14 EAST BAY STREET
JACKSONVILLE, FL 32202 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: DP
Name: PETWAY, III, THOMAS F
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: FERGUSON, LEE
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: PETWAY, ELIZABETH
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: DC
Name: PETWAY, IV, THOMAS F
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS
Name: EMANS, CHRISTOPHER F
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

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: CHRISTOPHER F EMANS DS 04/01/2011

Electronic Signature of Signing Officer or Director Date