

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000045905

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** EADS INSURANCE & INVESTMENT SERVICES, INC.

**Current Principal Place of Business:**

2320 S HOPKINS AVE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

2320 S HOPKINS AVE  
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** 59-3550607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EADS, TERRI L  
3 INDIAN RIVER AVENUE  
#1107  
TITUSVILLE, FL 32796 US

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

EADS, TERRI L  
3 INDIAN RIVER AVENUE  
UNIT 1107  
TITUSVILLE, FL 32796 US

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: TERRI L EADS

Electronic Signature of Registered Agent

01/09/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: EADS, TERRI L  
Address: 3 INDIAN RIVER AVENUE UNIT 1107  
City-St-Zip: TITUSVILLE, FL 32796

Title: VPS  
Name: EADS, JOHN S  
Address: 3 INDIAN RIVER AVENUE UNIT 1107  
City-St-Zip: TITUSVILLE, FL 32796

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: TERRI L EADS

Electronic Signature of Signing Officer or Director

PRES

01/09/2012

Date