

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90002 012 ***158.75

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1. Entity Name
COMPREHENSIVE INSURANCE SOLUTIONS, INC.



Principal Place of Business
**127 MIRACLE STRIP PARKWAY
SUITE N7
FORT WALTON BEACH, FL 32548**

Mailing Address
**127 MIRACLE STRIP PARKWAY
SUITE N7
FORT WALTON BEACH, FL 32548**

DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3537050

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEAD, MICHAEL W PA
24 WALTER MARTIN RD
STE 3
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BROOKS, MARION E**
STREET ADDRESS **127 MIRACLE STRIP PKWY, ^{SW} STE N-7**
CITY- ST- ZIP **FORT WALTON BEACH, FL 32548**

TITLE **SVP**
NAME **FOSTER BROOKS, JANICE**
STREET ADDRESS **127 MIRACLE STRIP PKWY ^{SW} STE N-7**
CITY- ST- ZIP **FORT WALTON BEACH, FL 32548**

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE FOSTER BROOKS 3/23/05

Date

Daytime Phone #

(850) 243-5604