

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000085442

FILED
Nov 09, 2011
Secretary of State

Entity Name: COMPREHENSIVE INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3537050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MELANIE ADAMS

11/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO
Name: MICKLE, D.C.
Address: 127 MIRACLE STRIP PKWY. SW, STE. N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: MEYER, SUSAN W
Address: 127 MIRACLE STRIP PKWY. SW, STE. N-7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: FUZZELL, CHERIE
Address: 127 MIRACLE STRIP PARKWAY SW, SUITE N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: MEYER, JOE
Address: 127 MIRACLE STRIP PARKWAY SW, SUITE N7
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D
Name: MILLER, RICK
Address: 127 MIRACLE STRIP PARKWAY SW, SUITE N7
City-St-Zip: FORT WALTON BEACH, FL 32548

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: DC MICKLE

PCEO

11/09/2011

Electronic Signature of Signing Officer or Director

Date