

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16350

FILED
Aug 08, 2005
Secretary of State

Entity Name: CERTIFIED INSURANCE SERVICES, INC.

Current Principal Place of Business:

1311 NE SUNVIEW TER
JENSEN BEACH, FL 34957

New Principal Place of Business:

1344 N. E. JENSEN BEACH BLVD.
5
JENSEN BEACH, FL 34957

Current Mailing Address:

1311 NE SUNVIEW TER
JENSEN BEACH, FL 34957

New Mailing Address:

1344 N. E. JENSEN BEACH BLVD.
5
JENSEN BEACH, FL 34957

FEI Number: 65-0321152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, KATHLEEN
1311 NE SUNVIEW TER
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

MAY, KATHLEEN
1344 N. E. JENSEN BEACH BLVD.
5
JENSEN BEACH, FL 34957 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: KATHLEEN MAY

08/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAY, PHIL,
Address: 1311 NE SUNVIEW TER
City-St-Zip: JENSEN BEACH, FL 34957

Title: D () Delete
Name: MAY, KATHLEEN,
Address: 1311 NE SUNVIEW TER
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAY, PHIL,
Address: 1344 N. E. JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

Title: D (X) Change () Addition
Name: MAY, KATHLEEN,
Address: 1344 N. E. JENSEN BEACH BLVD.
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN MAY

D

08/08/2005

Electronic Signature of Signing Officer or Director

Date