2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 01, 2009
Secretary of State

DOCUMENT# V31486

Entity Name: BILL NESPER INSURANCE SERVICES, INC.

Current Principal Place of Business:

829 8TH ST
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

829 8TH ST
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-3120562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NESPER, WILLIAM R.
829 8TH ST
VERO BCH, FL 32962 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 ( ) Delete
Name: NESPER, VALARIE P.
Address: 129 40TH CT.
City-St-Zip: VERO BEACH, FL 32968

Title: DS ( ) Delete
Name: NESPER, WILLIAM R.
Address: 129 40TH CT.
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT ( ) Change (X) Addition
Name: NESPER, JEFFREY A
Address: 1170 6TH AVE UNIT 30C
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM R. NESPER DS 10/01/2009

Electronic Signature of Signing Officer or Director Date