2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC5228867923

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Entity Name: CONSOLIDATED INSURANCE SERVICES, INC.

Current Principal Place of Business:

SAWGRASS CORNERS I
10033 SAWGRASS DR., W. STE 103
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

318 DEER RUN DR., S
PONTE VEDRA BEACH, FL 32082

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OWENS, JOHN H
318 DEER RUN DR., S
PONTE VEDRA BEACH, FL 32082 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	DIRECTOR
Name	OWENS, JOHN H	Name	THOMAS, CHRISTOPHER B
Address	318 DEER RUN DR., S	Address	111 ENTERPRISE AVENUE
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PALM BAY FL 32909

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: JOHN H OWENS DIRECTOR 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date