

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005364

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC5345021663**

**Entity Name:** INSURANCE SERVICES CONSTRUCTION CORPORATION

**Current Principal Place of Business:**

1271 WEST MAPLE ROAD  
CLAWSON, MI 48017

**Current Mailing Address:**

1271 WEST MAPLE ROAD  
CLAWSON, MI 48017

**FEI Number:** 38-3350889

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GANTZ, STEVE  
1800 W. 10TH ST.  
RIVIERA BEACH, FL 33404 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 P  
Name GANTZ, STEVE  
Address 3081 BAYSHORE DRIVE  
City-State-Zip: ORCHARD LAKE MI 48324

Title V  
Name STEVENS, JIM  
Address 6035 ELDRIDGE  
City-State-Zip: WATERFORD MI 48327

Title S  
Name SWIMMER, JOEL  
Address 5004 WEST POND CIRCLE  
City-State-Zip: WEST BLOOMFIELD MI 48324

Title OFF  
Name LOUTTIT, DOUG  
Address 898 SOUTH DUCK LAKE ROAD  
City-State-Zip: MILFORD MI 48381

*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:** STEVE GANTZ

**PRESIDENT**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date