

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005364

FILED
Apr 30, 2009
Secretary of State

Entity Name: INSURANCE SERVICES CONSTRUCTION CORPORATION

Current Principal Place of Business:

1271 WEST MAPLE ROAD
CLAWSON, MI 48017

New Principal Place of Business:

Current Mailing Address:

1271 WEST MAPLE ROAD
CLAWSON, MI 48017

New Mailing Address:

FEI Number: 38-3350889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GANTZ, STEVE
Address: 3081 BAYSHORE DRIVE
City-St-Zip: ORCHARD LAKE, MI 48324

Title: V () Delete
Name: STEVENS, JIM
Address: 6035 ELDRIDGE
City-St-Zip: WATERFORD, MI 48327

Title: S () Delete
Name: SWIMMER, JOEL
Address: 5004 WEST POND CIRCLE
City-St-Zip: WEST BLOOMFIELD, MI 48324

Title: OFF () Delete
Name: LOUTTIT, DOUG
Address: 898 SOUTH DUCK LAKE ROAD
City-St-Zip: MILFORD, MI 48381

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JAMES STEVENS

V.P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date