

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000045905

**Entity Name:** EADS INSURANCE & INVESTMENT SERVICES, INC.

**Current Principal Place of Business:**

2320 S HOPKINS AVE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

2320 S HOPKINS AVE  
TITUSVILLE, FL 32780

**FEI Number:** 59-3550607

**Certificate of Status Desired:** No

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

EADS, TERRI L  
4450 SHERWOOD FOREST DRIVE  
TITUSVILLE, FL 32796 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	PT	Title	VPS
Name	EADS, TERRI L	Name	EADS, JOHN S
Address	4450 SHERWOOD FOREST DRIVE	Address	4450 SHERWOOD FOREST DRIVE
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	TITUSVILLE FL 32796

*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:** TERRI L EADS

**PRESIDENT**

**01/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date