#### 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. 01/14/2021

PRESIDENT

SIGNATURE: TERRI EADS

Electronic Signature of Signing Officer/Director Detail

# 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P98000045905

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

### **Current Principal Place of Business:**

4450 SHERWOOD FOREST DRIVE TITUSVILLE, FL 32796

## **Current Mailing Address:**

4450 SHERWOOD FOREST DRIVE TITUSVILLE, FL 32796 US

### FEI Number: 59-3550607

## 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

## **Officer/Director Detail :**

Title	PT	Title	VPS
Name	EADS, TERRI L	Name	EADS, JOHN S
Address	139 CANADA DRIVE	Address	4450 SHERWOOD FOREST DRIVE
City-State-Zip:	STATESVILLE NC 28677	City-State-Zip:	TITUSVILLE FL 32796

Certificate of Status Desired: No

FILED Jan 14, 2021 Secretary of State 6636362876CC

Date

Date