

**2023 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

**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         | 139 CANADA DRIVE     | Address         | 4450 SHERWOOD FOREST DRIVE |
| City-State-Zip: | STATESVILLE NC 28677 | 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 EADS

**PRESIDENT**

**01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date