

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S23035

FILED
Apr 13, 2005
Secretary of State

Entity Name: IAG EMPLOYER SERVICES, INC.

Current Principal Place of Business:

% INSURAMERICA
6639 SOUTHPOINT PARKWAY STE 108
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

% INSURAMERICA
4348 SOUTHPOINT BLVD STE 200
JACKSONVILLE, FL 32216 US

Current Mailing Address:

% INSURAMERICA
6639 SOUTHPOINT PARKWAY STE108
JACKSONVILLE, FL 32216 US

New Mailing Address:

% INSURAMERICA
4348 SOUTHPOINT BLVD STE200
JACKSONVILLE, FL 32216 US

FEI Number: 59-3050880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, BOBBY L
290 GLEN EAGLES DR
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

WALTON, BOBBY L
279 SOPHIA TERRACE
ST. AUGUSTINE, FL 32073 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: BOBBY L. WALTON

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WALTON, BOBBY L
Address: 290 GLENEAGLES DR.
City-St-Zip: ORANGE PARK, FL 32703

Title: P () Delete
Name: MYERS, WILLIAM P JR
Address: 812 QUEENS HARBOR BLVD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WALTON, BOBBY L
Address: 279 SOPHIA TEERACE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: P (X) Change () Addition
Name: MYERS, WILLIAM P JR
Address: 645 TREEHOUSE CIRCLE
City-St-Zip: ST. AUGUSTINE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BOBBY L. WALTON

VP

04/13/2005

Electronic Signature of Signing Officer or Director

Date