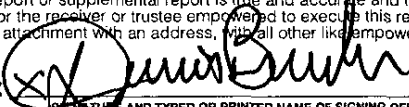


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90105 030 ***158.75

DOCUMENT # 530302 1. Entity Name FLORIDA INSURANCE CENTER, INC.					
Principal Place of Business 414 N ALEXANDER ST PLANT CITY, FL 33563 US			Mailing Address 414 N ALEXANDER ST PLANT CITY, FL 33563 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1725442	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWNLEE, CARL 13832 HWY 92 E 1446 WALDON OAKS PLACE PLANT CITY, FL 33566				7. Name and Address of New Registered Agent Name D. Howard Stitzel III Street Address (P.O. Box Number is Not Acceptable) 206 N. Collins Street City Plant City FL Zip Code 33563	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 3/30/04 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNLEE, CARL 1446 WALDON OAKS PLACE PLANT CITY, FL 33566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D ☒ Change ☐ Addition Dennis Brownlee 13832 Hwy 92 East Dover, FL 33527		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BROWNLEE, BRUCE 5208 JULESB VERNE CT TAMPA, FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWNLEE, DENNIS 13832 HWY 92 E. DOVER, FL 33527 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, if all other like empowered.					
SIGNATURE: 		Date: 4/16/04		Daytime Phone #: 813-754-3561	