# 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 | Mailing Address |
|---|---|
| 414 N ALEXANDER ST<br>PLANT CITY, FL 33563 US | 414 N ALEXANDER ST<br>PLANT CITY, FL 33563 US |

03302004 Chg-P CR2E034 (10/03)

| 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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BROWNLEE, CARL<br>13832 HWY 92 E<br>1446 WALDON OAKS PLACE<br>PLANT CITY, FL 33566 | Name: D. Howard Stitzel III<br>Street Address (P.O. Box Number is Not Acceptable): 206 N. Collins Street<br>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: D. Howard Stitzel III 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<br>BROWNLEE, CARL<br>1446 WALDON OAKS PLACE<br>PLANT CITY, FL 33566 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/S/D<br>Dennis Brownlee<br>13832 Hwy 92 East<br>Dover, FL 33527 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTD<br>BROWNLEE, BRUCE<br>5208 JULESB VERNE CT<br>TAMPA, FL 33611 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BROWNLEE, DENNIS<br>13832 HWY 92 E.<br>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 |
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| 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, with all other like empowered.

**SIGNATURE:** [signature] 4/16/04 813-754-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #