

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018080

FILED
Mar 19, 2009
Secretary of State

Entity Name: FLORIDA INVESTMENT CONSORTIUM, INC.

Current Principal Place of Business:

2580 CHANNEL WAY
KISSIMMEE, FL 34746

New Principal Place of Business:

2570 CHANNEL WAY
KISSIMMEE, FL 34746

Current Mailing Address:

2580 CHANNEL WAY
KISSIMMEE, FL 34746

New Mailing Address:

2570 CHANNEL WAY
KISSIMMEE, FL 34746

FEI Number: 59-3628193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM N. ASMA, P.A.
884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AKKERMAN, RUDOLF H
Address: 2570 CHANNEL WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: AKKERMAN, MARJON
Address: 2570
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: R.AKKERMAN

PRES

03/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date