

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011354

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: ASSOCIATION INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

1411 WESTSHORE BLVD  
311  
TAMPA, FL 33607

**New Principal Place of Business:**

**New Mailing Address:**

1411 WESTSHORE BLVD  
311  
TAMPA, FL 33607

**Current Mailing Address:**

P.O. BOX 18252  
TAMPA, FL 33679

FEI Number: 59-3432285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALDWELL, CRAIG D  
10556 INDIAN HILLS CT  
LARGO, FL 33777 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: CALDWELL, CRAIG D  
Address: 10556 INDIAN HILLS CT  
City-St-Zip: LARGO, FL 33777

Title: PD ( ) Delete  
Name: DEHLINGER, ERIC J  
Address: 2512 WEST FERN ST  
City-St-Zip: TAMPA, FL 33614

Title: STD ( ) Delete  
Name: CRAMER, HENRY A  
Address: 2716 STATE ST  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: DEHLINGER, CAROLYN  
Address: 2512 WEST FERN ST  
City-St-Zip: TAMPA, FL 33614

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: CRAIG D CALDWELL

D

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date