

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011354

**FILED**  
**Jun 14, 2011**  
**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:**

**Current Mailing Address:**

1411 WESTSHORE BLVD  
#311  
TAMPA, FL 33607

**New Mailing Address:**

1411 WESTSHORE BLVD,  
#311  
TAMPA, FL 33607

**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

**OFFICERS AND DIRECTORS:**

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

Title: STD  
Name: DEHLINGER, CAROLYN  
Address: 2512 WEST FERN ST  
City-St-Zip: TAMPA, FL 33614

I hereby 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 all other like empowered.

SIGNATURE: ERIC DEHLINGER

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06/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date