

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530302

FILED  
Mar 23, 2006  
Secretary of State

Entity Name: FLORIDA INSURANCE CENTER, INC.

## Current Principal Place of Business:

414 N ALEXANDER ST  
PLANT CITY, FL 33563 US

## New Principal Place of Business:

## Current Mailing Address:

414 N ALEXANDER ST  
PLANT CITY, FL 33563 US

## New Mailing Address:

FEI Number: 59-1725442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STITZEL, D. HOWARD III  
206 N. COLLINS STREET  
PLANT CITY, FL 33563 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: VPSD ( ) Delete  
Name: BROWNLEE, DENNIS  
Address: 13832 HWY 92 EAST  
City-St-Zip: DOVER, FL 33527

Title: VTD ( ) Delete  
Name: BROWNLEE, BRUCE,  
Address: 5208 JULESB VERNE CT  
City-St-Zip: TAMPA, FL 33611

Title: SD ( ) Delete  
Name: BROWNLEE, DENNIS  
Address: 13832 HWY 92 E.  
City-St-Zip: DOVER, FL 33527

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BROWNLEE, CARL  
Address: 1448 WALDEN OAKS PLACE  
City-St-Zip: PLANT CITY, FL 33563

Title: VTD (X) Change ( ) Addition  
Name: BROWNLEE, BRUCE,  
Address: 808 S BOULEVARD  
City-St-Zip: TAMPA, FL 33606

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE BROWNLEE

V

03/23/2006

Electronic Signature of Signing Officer or Director

Date