

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K08909

**Entity Name:** FINANCIAL INSURANCE CONCEPTS, INC.

**Current Principal Place of Business:**

1102 NORTH A1A  
SUITE 202  
PONTE VEDRA BCH, FL 32082

**Current Mailing Address:**

1102 NORTH A1A  
SUITE 202  
PONTE VEDRA BCH, FL 32082 US

**FEI Number:** 59-2864736

**Certificate of Status Desired:** No

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

RAHN, EDWARD W.  
1102 NORTH A1A  
SUITE 202  
PONTE VEDRA BEACH, FL 32082 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RAHN, EDWARD W  
Address        1102 A1A N SUITE 202  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title            VP  
Name            STEPHENS, JOHN C  
Address        24601 DEER TRACE DR.  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** EDWARD W RAHN

**PRESIDENT**

**03/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date