

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000011354

**Entity Name:** ASSOCIATION INSURANCE CONSULTANTS, INC.

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC9813683155**

**Current Principal Place of Business:**

1411 WESTSHORE BLVD,  
#311  
TAMPA, FL 33607

**Current Mailing Address:**

1411 WESTSHORE BLVD,  
#311  
TAMPA, FL 33607

**FEI Number: 59-3432285**

**Certificate of Status Desired: No**

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

DEHLINGER, ERIC J  
1411 N WESTSHORE BLVD  
#311  
TAMPA, FL 33607 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 PD  
Name DEHLINGER, ERIC J  
Address 2512 WEST FERN ST  
City-State-Zip: TAMPA FL 33614

Title STD  
Name DEHLINGER, CAROLYN  
Address 2512 WEST FERN ST  
City-State-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: CAROLYN DEHLINGER**

**STD**

**04/28/2014**

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

\_\_\_\_\_  
Date