

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000011354

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

**Current Principal Place of Business:**

2514 W FERN ST  
TAMPA, FL 33614

**Current Mailing Address:**

P.O. BOX 15067  
TAMPA, FL 33684 US

**FEI Number:** 59-3432285

**Certificate of Status Desired:** No

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

DEHLINGER, ERIC J  
2512 W FERN ST  
TAMPA, FL 33614 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	Title	STD
Name	DEHLINGER, ERIC J	Name	DEHLINGER, CAROLYN
Address	2512 WEST FERN ST	Address	2512 WEST FERN ST
City-State-Zip:	TAMPA FL 33614	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:** ERIC J DEHLINGER

**PRES**

**03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date