

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000058559

**Entity Name:** ASSURANCE SERVICE PLAN, INC.

**Current Principal Place of Business:**

2800 US HWY 98 N  
BARTOW, FL 33830

**Current Mailing Address:**

P.O. BOX 1700  
BARTOW, FL 33831 US

**FEI Number: 59-3478694**

**Certificate of Status Desired:** No

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

ROBLES, BENJAMIN J  
2800 US HWY 98 NORTH  
BARTOW, FL 33830 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 ROBLES, BENJAMIN J  
Address 10505 BROADLAND PASS  
City-State-Zip: THONOTOSASSA FL 33592

Title SD  
Name KENDRICK, HAZEL B  
Address 2025 SYLVESTER RD #E-3  
City-State-Zip: LAKELAND FL 33803

Title VPD  
Name MULLIS, DENNIS M  
Address 6106 PIER PLACE DRIVE  
City-State-Zip: LAKELAND FL 33813

Title TD  
Name AMBROSE, ROBERT E  
Address 1502 AZALEA ST  
City-State-Zip: PLANT CITY FL 33566

*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: BENJAMIN J ROBLES**

**PRESIDENT**

**01/18/2017**

Electronic Signature of Signing Officer/Director Detail

Date