

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530302

FILED
Mar 19, 2009
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:

SMITH, KEITH C
121 N COLLINS STREET
PLANT CITY, FL 33563 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: KEITH C SMITH

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: BROWNLEE, BRUCE C
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 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 C BROWNLEE

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date