

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 530302

FILED
Mar 19, 2012
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:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: BROWNLEE, CARL
Address: 2110 N GOLFVIEW DRIVE
City-St-Zip: PLANT CITY, FL 33566

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

Title: VSD
Name: BROWNLEE, DENNIS
Address: 13832 HWY 92 E.
City-St-Zip: DOVER, FL 33527

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: BRUCE C BROWNLEE

VTD

03/19/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date