

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605513

**FILED
Apr 22, 2005
Secretary of State**

Entity Name: FCP SELF-INSURERS, INC.

Current Principal Place of Business:

490 THIRD STREET N.W.
WINTER HAVEN, FL 338820780

New Principal Place of Business:

Current Mailing Address:

490 THIRD STREET N.W.
WINTER HAVEN, FL 338820780

New Mailing Address:

FEI Number: 59-1865474 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RATH, LISA YOUNG
490 3RD ST. NW
SUITE 100
WINTER HAVEN, FL 33881 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNGBLOOD, B C,
Address: 440 NORTH DILLARD ST.
City-St-Zip: WINTER GARDEN, FL 34787

Title: SM () Delete
Name: RATH, LISA Y
Address: 490 3RD ST NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: METCALF, FRANK
Address: 315 NORTH HWY 17-92
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: MATTHEWS, BILL
Address: 1975 WEST STATE ROAD 426
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA YOUNG RATH

SM

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date