

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90016 012 ***150.00

DOCUMENT # 605513

1. Entity Name
FCP SELF-INSURERS, INC.



Principal Place of Business
490 THIRD STREET N.W.
WINTER HAVEN, FL 33882-0780

Mailing Address
490 THIRD STREET N.W.
WINTER HAVEN, FL 33882-0780

40041483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1865474

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Dan King**

Street Address (P.O. Box Number is Not Acceptable)

490 3rd St. NW

City Winter Haven

FL

Zip Code
33882

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Dan King

(NOTE: Registered Agent signature required when reinstating)

3-28-06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME YOUNGBLOOD, B C
STREET ADDRESS 440 NORTH DILLARD ST.
CITY-ST-ZIP WINTER GARDEN, FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SM
NAME RATH, LISA Y
STREET ADDRESS 490 3RD ST NW
CITY-ST-ZIP WINTER HAVEN, FL 33881 ☒ Delete

TITLE SM
NAME Dan King
STREET ADDRESS 490 3rd St.
CITY-ST-ZIP Winter Haven, FL 33881 ☒ Change ☐ Addition

TITLE D
NAME METCALF, FRANK
STREET ADDRESS 315 NORTH HWY 17-92
CITY-ST-ZIP DAVENPORT, FL 33837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MATTHEWS, BILL
STREET ADDRESS 1975 WEST STATE ROAD 426
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-06 863 293-4711