

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605513

FILED
Apr 14, 2009
Secretary of State

Entity Name: FCP SELF-INSURERS, INC.

Current Principal Place of Business:

4427 W. KENNEDY BLVD.
SUITE 200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4427 W. KENNEDY BLVD.
SUITE 200
TAMPA, FL 33609

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:

WESSMAN, JAMES A
4427 W. KENNEDY BLVD.
SUITE 200
TAMPA, FL 33609 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: CHARLES F. ROPER
Address: 120 S. DILLARD STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: SM () Delete
Name: WESSMAN, JAMES A
Address: 4427 W. KENNEDY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: MATTHEWS, BILL
Address: A DUDA & SONS, INC., 1200 DUDA TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HALL, MIKE
Address: SILVER SPRINGS CITRUS, INC., P.O. BOX 155
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

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 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: JAMES A. WESSMAN

SM

04/14/2009

Electronic Signature of Signing Officer or Director

Date