

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004590

Entity Name: CIC INSURANCE BROKERS, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

8225 FM 707 S
ABILENE, TX 79602

New Principal Place of Business:

Current Mailing Address:

8225 FM 707 S
ABILENE, TX 79602

New Mailing Address:

FEI Number: 95-3212029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, MARIA C
114 WOODRIDGE TRAIL
SANFORD, FL 32771 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: KELLY, CHARLES T
Address: 20435 VIA CADIZ
City-St-Zip: YORBA LINDA, CA 92886

Title: SD () Delete
Name: KELLY, CAROL A
Address: 20435 VIA CADIZ
City-St-Zip: YORBA LINDA, CA 92886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KELLY, CHARLES T
Address: 8041 SADDLE CREEK
City-St-Zip: ABILENE, TX 79602 US

Title: SD (X) Change () Addition
Name: KELLY, CAROL A
Address: 8041 SADDLE CREEK RD
City-St-Zip: ABILENE, TX 79602 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES T. KELLY

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date