## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # J99448

1. Entity Name



**FILED** Apr 20, 2007 8:00 am Secretary of State 04-20-2007 90074 023 \*\*\*150.00

Principal Place of Business	FLORIDA	COMBINED LIFE INSURAN	ICE COMPANY, INC								
Suite Appl. F. etc.	5011 GATE PARKWAY, BLDG. 200, SUITE 400		5011 GATE PARKWAY, BLDG. 200, SUITE 400		)		OTEN OTON ONEN AND A DIE				
Cry 8 State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address 4800 Deerwood Campus Pkwy		kwy IIII						
Cry & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04102007	Chg-P C	CR2E034 (12/06)				
S. Certificate of Status Desired   Fee Required   F	City & State	е			1	_	1				
CHEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E CANNESS T TALLAHASSEE, FL 32399-0000	Zip	Country	· ·	Country	5. Certificate	e of Status Desired [					
Carry   File   Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current R	egistered Agent		7. Name an	d Address of New Regis	tered Agent				
Street Address (P. O. Box Number is Not Accoptable)	<b>.</b>			Name							
200 E. GAINES ST TALLAHASSEE, FL 32399-0000  City FL Zip Code  City FL Zip Code  City FL Zip Code  City State of Florida   Institution   Insti				Street Add	Street Address (P.O. Box Number is Not Acceptable)						
City	200 E. GA	INES ST									
The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent.    Signature   Signature	TALLAHAS	SSEE, FL 32399-0000									
SIGNATURE     SQUAME_TYPE				City			FL Zip Code	a			
SIGNATURE											
Title											
## After May 1, 2007 Fee will be \$550.00    Trust Fund Contribution	SIGNATURE	Signature, typed or printed name of registered agent ar	not the if approache (NOTE	Registered Agent signature r	required when reinstating)		DATE				
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.			<del>-  </del>								
TITLE   D											
MANN, JASON D SIRET ADDRESS CITY-ST-2IP TITLE V BURWELL, BETH B SIRET ADDRESS CITY-ST-2IP NAME SIRET ADDRESS CITY-ST-2IP  TITLE V STREET ADDRESS CITY-ST-2IP  TITLE V STREET ADDRESS CITY-ST-2IP STREET ADDRESS CITY-ST-2IP  TITLE  T Langston, Mark SIRET ADDRESS CITY-ST-2IP LANGE SIRET ADDRESS CITY-ST-2IP NAME SI	10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFICER	RS AND DIRECTORS	3 IN 11			
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TEXARKANA, TX 75503					CEO						
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STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207  STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207  STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207  STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS STREET	TITLE	V	X) Delete	TITLE	т	THE TAX	☐ Change	Addition			
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NAME SCHMIDT, TERRI A 244 ROYAL TERN ROAD NORTH STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BCH, FL 32082 CITY-ST-ZIP  TITLE VT NAME PALLAIS, ROBERT A 12460 LYDIA WOODS COURT JACKSONVILLE, FL 32258 CITY-ST-ZIP  TITLE CD DEIGLE TITLE DOERR, ROBERT CHRIS 8031 ACORN RIDGE ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP  TITLE D ACKSONVILLE, FL 32256 CITY-ST-ZIP  TITLE D ALLEN, SHARON K SIREET ADDRESS CITY-ST-ZIP  TITLE L CL Change Addition  NAME SIREET ADDRESS CITY-ST-ZIP  TITLE L CL CHANGE ADDRESS CITY-ST-ZIP  TITLE L CL C				<b>⋠</b>				Addition			
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CITY-ST-ZIF LITTLE ROCK, AR 72212 CITY-ST-ZIP		· ·									
LIZ. THEREBY LETTRY WAS THE INSTITUTIONS SUBDISECTION THIS WIND CORP. BOT THEREBY LETTRE CONTRACT THE FOUND SUBDISECTION OF THE PROPERTY CONTRACT C		<u> </u>	this filing does not qualify for	. <b>L</b>	tained in Chapter 11	9 Florida Statutae I fuet	her certify that the is	,			

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.

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