


FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90057 045 ***150 00

DOCUMENT # M73311 1. Entity Name GENERAL INSURANCE CONCEPTS, INC.				April 16, 2007 8:00 am Secretary of State 04-16-2007 90057 045 ***150.00	
Principal Place of Business 105 OLD JENNINGS RD ORANGE PARK, FL 32065		Mailing Address 105 OLD JENNINGS RD ORANGE PARK, FL 32065			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2888868	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNIDER, CLARENCE L. 105 OLD JENNINGS RD ORANGE PARK, FL 32065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD SNIDER, CLARENCE L. 632 SAN ROBAR DR. ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2311 Fairview Dr Orange Park, FL 32003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNIDER, BETTY 632 SAN ROBAR DR. ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2311 Fairview Dr Orange Park, FL 32003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNIDER, AMY L. 1796 NORTHGLEN CIR MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Cynthia D. Gomez 2612 Farm Way Middleburg, FL 32068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>CLARENCE L. SNIDER</u> 4-10-07 9042726290 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					