2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# M73311

Entity Name: GENERAL INSURANCE CONCEPTS, INC.

Current Principal Place of Business:

105 OLD JENNINGS RD
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

105 OLD JENNINGS RD
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 59-2888868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNIDER, CLARENCE L.
105 OLD JENNINGS RD
ORANGE PARK, FL 32065 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: CTD ( ) Delete
Name: SNIDER, CLARENCE L.
Address: 2311 FAIRVIEW DR
City-St-Zip: ORANGE PARK, FL 32003

Title: SD ( ) Delete
Name: SNIDER, BETTY
Address: 2311 FAIRVIEW DR
City-St-Zip: ORANGE PARK, FL 32003

Title: PD ( ) Delete
Name: SNIDER, AMY L.
Address: 1796 NORTHGLEN CIR
City-St-Zip: MIDDLEBURG, FL 32068

Title: AS ( ) Delete
Name: GOMEZ, CYNTHIA D
Address: 1527 GREENWAY PLACE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: SNIDER, AMY L.
Address: 2434 TALL CEDARS RD
City-St-Zip: FLEMING ISLAND, FL 32003

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: CLARENCE L. SNIDER CTD 04/10/2009

Electronic Signature of Signing Officer or Director Date