

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000558

FILED
Jan 18, 2007
Secretary of State

Entity Name: FLORIDA INSURANCE CONSULTANTS OF MONTICELLO, INC.

Current Principal Place of Business:

510 N SUNSET DRIVE
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

510 N SUNSET DRIVE
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-3615938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLSOM, THOMAS L JR
510 N SUNSET DRIVE
MONTICELLO, FL 32344 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: D () Delete
Name: FOLSOM, THOMAS L JR
Address: 510 N SUNSET DRIVE
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: FOLSOM, JEAN K
Address: 510 N SUNSET DRIVE
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: FOLSOM, THOMAS L III
Address: 8031 LANTERNLIGHT LN
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: SMITH, TAMARA
Address: 1512 COPPERFIELD CIR
City-St-Zip: TALLAHASSEE, FL 32312

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 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: THOMAS L. FOLSOM, JR,

D

01/18/2007

Electronic Signature of Signing Officer or Director

Date