

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000000558

**FILED**  
**Feb 18, 2010**  
**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  
**Name:** FOLSOM, THOMAS L JR  
**Address:** 510 N SUNSET DRIVE  
**City-St-Zip:** MONTICELLO, FL 32344

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS L. FOLSOM JR

PRES

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date