

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000558

FILED
Apr 18, 2011
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

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

D

04/18/2011

Electronic Signature of Signing Officer or Director

Date