


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90022 003 ***150.00

DOCUMENT # P00000013237 1. Entity Name BANCASSURANCE PARTNERS CORPORATION			
Principal Place of Business 1568 SOUTH 500 WEST SUITE 201 BOUNTIFUL, UT 84010		Mailing Address 1568 SOUTH 500 WEST SUITE 201 BOUNTIFUL, UT 84010	
2. Principal Place of Business - No P.O. Box # 757 West 700 South Suite, Apt. #, etc.		3. Mailing Address 757 West 700 South Suite, Apt. #, etc.	
City & State Woods Cross, Ut.		City & State Woods Cross, Ut.	
Zip 84087		Zip 84087	
Country		Country	
4. FEI Number 65-0981356		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENNEFORTH, RICHARD 13876 SW 56HT ST PMB 273 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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	D <input type="checkbox"/> Delete WILKINS, WILLIAM S 1568 SOUTH 500 WEST, SUITE 201 BOUNTIFUL, UT 84010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 757 West 700 South Woods Cross, Ut 84087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GEUTHER, CARL F 1568 SOUTH 500 WEST, SUITE 201 BOUNTIFUL, UT 84010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 757 West 700 South Woods Cross, Ut 84087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JOHNSON, GLENDON E 1568 SOUTH 500 WEST, SUITE 201 BOUNTIFUL, UT 84010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 757 West 700 South Woods Cross, Ut. 84087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENFELL, STANLEY E 1567 SOUTH 500 WEST, SUITE 201 BOUNTIFUL, UT 84010	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 757 West 700 South Woods Cross, Ut. 84087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Carl F. Geuther, Dir.</u> 2/19/07 305-852-2842 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			