

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90256 003 ***150.00

DOCUMENT # P01000038364
 1. Entity Name
 JHC INSURANCE CORP.
D/B/A GROUP BENEFITS PLUS



Principal Place of Business Mailing Address
 1201 W. CHARTER ST. 1201 W. CHARTER ST.
 TAMPA, FL 33602 TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7001 TEMPLE TERRACE HWY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TEMPLE TERRACE, FL
 Zip Country
33637 HILLSBOROUGH



01042007_ Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 59-3725144 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CIACCIO, JOSEPH H
 1201 W. CHARTER ST
 TAMPA, FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
7001 TEMPLE TERRACE HWY
 City State Zip Code
TEMPLE TERRACE FL 33637

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: *[Signature]* DATE: *01-04-07*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$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 CIACCIO, JOSEPH H 1201 W. CHARTER ST. TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* DATE: *01-04-07*
Signature typed or printed name of signing officer or director Date Daytime Phone #