

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000124539

Entity Name: INSURANCE ICON, INC.

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

115 HICKORY STREET  
SUITE 206  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

115 HICKORY STREET  
SUITE 206  
MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 20-1625385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODS, TRACIE L  
1365 DONNA MARIE DRIVE  
MELBOURNE, FL 32904 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: WOODS, TRACIE L  
Address: 1365 DONNA MARIE DRIVE  
City-St-Zip: MELBOURNE, FL 32904

Title: D  
Name: MAIDEN, RANDALL  
Address: 1365 DONNA MARIE DRIVE  
City-St-Zip: MELBOURNE, FL 32904

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: TRACIE WOODS

D

04/02/2012

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

\_\_\_\_\_  
Date