

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024069

FILED
Apr 06, 2006
Secretary of State

Entity Name: FCIS INSURANCE RESOURCES, INC.

Current Principal Place of Business:

38 LAZY EIGHT DRIVE
PORT ORANGE, FL 32128 US

New Principal Place of Business:

Current Mailing Address:

38 LAZY EIGHT DRIVE
PORT ORANGE, FL 32128 US

New Mailing Address:

FEI Number: 20-2363629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARK TAYLOR & ASSOCIATES, PA
8375 BAYMEADOWS WAY
JACKSONVILLE, FL 32256 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: P () Delete
Name: STOPYRA, EDWARD J
Address: 40 LAZY EIGHT DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VP () Delete
Name: STOPYRA, DAVID
Address: 40 LAZY EIGHT DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

Title: S/T () Delete
Name: DEMONTMOLLIN, HARRY
Address: 38 LAZY EIGHT DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

Title: D () Delete
Name: STOPYRA, KATHLEEN
Address: 40 LAZY EIGHT DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARRY M. DEMONTMOLLIN

S/T

04/06/2006

Electronic Signature of Signing Officer or Director

Date