


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90020 017 ***150.00

DOCUMENT # P05000045685		
1. Entity Name FCO INSURANCE CORP		

40077560



Principal Place of Business 1858 WOODRIVER DR JACKSONVILLE, FL 32246	Mailing Address 1858 WOODRIVER DR JACKSONVILLE, FL 32246
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2. Principal Place of Business - No P.O. Box # 9645 BAYMEADOWS RD.	3. Mailing Address
Suite, Apt. #, etc. Apt 878	Suite, Apt. #, etc.

04072008 Chg-P CR2E034 (12/06)

City & State JACKSONVILLE FL	City & State
Zip 32256	Country DUAL

4. FEI Number 20-2773875	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FERNANDEZ-CONCHA, FEDERICO 1858 WOODRIVER DR JACKSONVILLE, FL 32246	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ <i>Federico Fernandez-Concha</i>	DATE 4-11-2008

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-P <input type="checkbox"/> Delete FERNANDEZ-CONCHA, FEDERICO 1858 WOODRIVER DR JACKSONVILLE, FL 32246	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
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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: _____ <i>Federico Fernandez-Concha</i>	DATE: 4-11-08. DAYTIME PHONE: 904-534-5321