

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139354

FILED  
Apr 12, 2009  
Secretary of State

Entity Name: ASSOCIATED REINSURANCE BROKERS, INC., (U.S.)

## Current Principal Place of Business:

316 S HYDE PARK AVE  
TAMPA, FL 33606

## New Principal Place of Business:

## Current Mailing Address:

316 S. HYDE PARK AVE.  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 20-5895094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STILES, MARY ANN  
315 PLANT AVE  
TAMPA, FL 33606 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: PCEO ( ) Delete  
Name: SHEBEL, JON  
Address: 1425 PONCE DE LEON DR  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VCS ( ) Delete  
Name: STILES, MARY ANN  
Address: 804 GUI SANDO DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: C ( ) Delete  
Name: WILLIAMS, THOMAS  
Address: 316 S HYDE PARK AVE  
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete  
Name: SHEBEL, JON  
Address: 1425 PONCE DE LEON DR  
City-St-Zip: FORT LAUDERDALE, FL 33316

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: SHEBEL, JON L  
Address: 178 SOUTH INDIES DRIVE  
City-St-Zip: MARATHON, FL 33050

Title: VCS (X) Change ( ) Addition  
Name: STILES, MARY ANN  
Address: 16201 SONSOLES DE AVILA  
City-St-Zip: TAMPA, FL 33613

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

Title: T (X) Change ( ) Addition  
Name: SHEBEL, JON  
Address: 178 SOUTH INDIES DRIVE  
City-St-Zip: MARATHON, FL 33050

I hereby certify that the information supplied with this filing does not qualify 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: MARY ANN STILES

S

04/12/2009

Electronic Signature of Signing Officer or Director

Date