



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90028 031 ***150.00

DOCUMENT # P07000123651 1. Entity Name FSPS INSURANCE CORPORATION					
Principal Place of Business 1945 LANE AVENUE SOUTH SUITE 5 JACKSONVILLE, FL 32210			Mailing Address 1945 LANE AVENUE SOUTH SUITE 5 JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01152008 Chg-P CR2E034 (12/06)	
4. FEI Number 26-1421898				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NULAND, CHRISTOPHER L 1000 RIVERSIDE AVENUE SUITE 115 JACKSONVILLE, FL 32204	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete LURIA, L. WILLIAM MD 1945 LANE AVENUE SOUTH, SUITE 5 JACKSONVILLE, FL 32210		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete VITALE-LEWIS, VICTORIA MD 1945 LANE AVENUE SOUTH JACKSONVILLE, FL 32210		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete OBI, JOHN J MD 1945 LANE AVENUE SOUTH JACKSONVILLE, FL 32210		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete S CALLAHAN, WANDA L 1945 LANE AVES. #5 JACKSONVILLE, FL 32210		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Wanda L. Callahan</u> Wanda L Callahan 2-7-08 904-693-1749 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					