


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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NULAND, CHRISTOPHER L 1000 RIVERSIDE AVENUE SUITE 115 JACKSONVILLE, FL 32204		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LURIA, L. WILLIAM MD	NAME	
STREET ADDRESS	1945 LANE AVENUE SOUTH, SUITE 5	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE-LEWIS, VICTORIA MD	NAME	
STREET ADDRESS	1945 LANE AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBI, JOHN J MD	NAME	
STREET ADDRESS	1945 LANE AVENUE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S CALLAHAN, WANDA L
STREET ADDRESS		STREET ADDRESS	1945 LANE AVES. #5
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>Wanda L Callahan</i>		Wanda L Callahan 2-7-08 904-693-1749	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01152008 Chg-P CR2E034 (12/06)

4. FEI Number **26-1421898** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required