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May 05, 2008 8:00 am
Secretary of State
05-05-2008 90265 014 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000011773

1. Entity Name
ASSOCIATED INSURANCE, INC.

40097837

Principal Place of Business
12 E. OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33305

Mailing Address
250 JACARANDA DRIVE
#110
PLANTATION, FL 33324 US

04232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
12 E Oakland Pk Blvd
Suite, Apt. #, etc.
City & State
Ft Lauderdale, FL
Zip 33334 Country USA

3. Mailing Address
7061 NW 10 Place
Suite, Apt #, etc
City & State
Plantation, FL 33313
Zip 33313 Country

4. FEI Number
65-0469344
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUKES, SAMUEL S
250 JACARANDA DRIVE, #110
PLANTATION, FL 33324

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 Sharon Dukes President 4/28/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RIFFE, SHARON 7061 N.W. 10TH PLACE PLANTATION, FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Sharon Dukes President 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #