2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008
Secretary of State

DOCUMENT# P94000087707

Entity Name: FAMILY INSURANCE CENTERS INC.

Current Principal Place of Business:

2248 E. EDGEWOOD DRIVE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2248 E. EDGEWOOD DRIVE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 59-3155877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HASTEN, RONALD C
5219 GRAND BLVD.
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

HASTEN, RONALD C
2248 E EDGEWOOD DRIVE
LAKELAND, FL 33803 US

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: RONALD C HASTEN 08/05/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HASTEN, RONALD C
Address: 5219 GRAND BLVD.
City-St-Zip: LAKELAND, FL 33813

Title: VP ( ) Delete
Name: HASTEN, ALICE M
Address: 5219 GRAND BLVD.
City-St-Zip: LAKELAND, FL 33813

Title: ST ( ) Delete
Name: GUSKAY, BETH A
Address: 1509 ORANGEWOOD DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HASTEN, RONALD C
Address: 2248 E EDGEWOOD DR
City-St-Zip: LAKELAND, FL 33803 US

Title: VP (X) Change ( ) Addition
Name: GUSKAY, BETH A
Address: 8210 TOM COSTINE ROAD
City-St-Zip: LAKELAND, FL 33809 US

Title: T (X) Change ( ) Addition
Name: GUSKAY, BETH A
Address: 8210 TOM COSTINE ROAD
City-St-Zip: LAKELAND, FL 33809 US

Title: S ( ) Change (X) Addition
Name: MYERS, AMY L
Address: 281 GLENRIDGE LOOP S
City-St-Zip: LAKELAND, FL 33809 US

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: BETH A GUSKAY VP/T 08/05/2008
Electronic Signature of Signing Officer or Director Date