

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000087707

1. Entity Name

FAMILY INSURANCE CENTERS INC.



FILED

08 SEP 22 PM 4:18

Principal Place of Business

2248 E. EDGEWOOD DRIVE
LAKELAND FL 33803

Mailing Address

2248 E. EDGEWOOD DRIVE
LAKELAND FL 33803



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

59-3155877

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTEN, RONALD C
5219 GRAND BLVD.
LAKELAND FL 33813

Name

RONALD C. HASTEN

Street Address (P.O. Box Number is Not Acceptable)

2248 E. EDGEWOOD DR.

City

LAKELAND

FL

Zip Code
33803

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

Ronald C. Hasten

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when removing)

4/3/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

P
HASTEN, RONALD C
~~5219 GRAND BLVD.~~
~~LAKELAND FL 33813~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

2248 E. EDGEWOOD DR.
LAKELAND FL. 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HASTEN, ALICE M
~~5219 GRAND BLVD.~~
~~LAKELAND FL 33813~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

2248 E. EDGEWOOD DR.
LAKELAND FL. 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
GUSKAY, BETH A
~~1568 ORANGEWOOD DRIVE~~
~~LAKELAND FL 33813~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

8210 TOM COSTINE RD.
LAKELAND FL. 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

Ma/22

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000136270700
09/23/08--01049--005 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Section 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:

Ronald C. Hasten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08

DATE

863-667-2525

Daytime Phone