

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048704

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE CLAIM CONSULTANTS, INC.

**Current Principal Place of Business:**

21328 LAKE VIENNA DRIVE  
LAND O' LAKES, FL 34638 US

**New Principal Place of Business:**

**Current Mailing Address:**

21328 LAKE VIENNA DRIVE  
LAND O' LAKES, FL 34638 US

**New Mailing Address:**

FEI Number: 59-3320593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DELO, RONALD F  
21328 LAKE VIENNA DRIVE  
LAND O' LAKES, FL 34638 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DELO, RONALD F T  
Address: 21328 LAKE VIENNA DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

Title: VP  
Name: DELO, JANE N  
Address: 21328 LAKE VIENNA DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

I hereby 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 all other like empowered.

SIGNATURE: JANE N. DELO

VP

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date