

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043857

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FLORIDA'S INSURANCE CONNECTION, INC.

## Current Principal Place of Business:

850 W INDIANTOWN RD  
STE B  
JUPITER, FL 33458

## New Principal Place of Business:

## Current Mailing Address:

850 W INDIANTOWN RD  
STE B  
JUPITER, FL 33458

## New Mailing Address:

FEI Number: 65-0673544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRAVERS, CLAYTON R  
901 PINE TREE LANE  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

TRAVERS, CHERIE D  
926 SW RUSTIC CIRCLE  
STUART, FL 34997 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: CHERIE D. TRAVERS

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TRAVERS, CHERIE D  
Address: 4769 SE ANCHORAGE DR  
City-St-Zip: STUART, FL 34997

Title: T ( ) Delete  
Name: TRAVERS, CLAYTON R  
Address: 901 S.E. PINE TREE LANE  
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete  
Name: TODD, BRUCE M  
Address: 4769 SE ANCHORAGE DR.  
City-St-Zip: STUART, FL 34997

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TRAVERS, CHERIE D  
Address: 926 SW RUSTIC CIRCLE  
City-St-Zip: STUART, FL 34997

Title: V (X) Change ( ) Addition  
Name: TRAVERS, CLAYTON R  
Address: 901 S.E. PINE TREE LANE  
City-St-Zip: PALM CITY, FL 34990

Title: S (X) Change ( ) Addition  
Name: TODD, BRUCE M  
Address: 4769 SE ANCHORAGE DR.  
City-St-Zip: STUART, FL 34997

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: CHERIE D. TRAVERS

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date