

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043857

FILED
Feb 14, 2012
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, CHERIE D
357 SW LUCERO DR
PORT ST LUCIE, FL 34983 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

OFFICERS AND DIRECTORS:

Title: P
Name: TRAVERS, CHERIE D
Address: 357 SW LUCERO DR
City-St-Zip: PORT ST LUCIE, FL 34983

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

Title: S
Name: TRAVERS, MARY O
Address: 901 SE PINE TREE LN
City-St-Zip: PALM CITY, FL 34990

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: CHERIE D. TRAVERS

PRES

02/14/2012

Electronic Signature of Signing Officer or Director

Date