

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011354

FILED  
Feb 29, 2008  
Secretary of State

Entity Name: ASSOCIATION INSURANCE CONSULTANTS, INC.

## Current Principal Place of Business:

4019 W. INMAN AVE  
TAMPA, FL 33609

## New Principal Place of Business:

1411 WESTSHORE BLVD  
311  
TAMPA, FL 33607

## Current Mailing Address:

P.O. BOX 18252  
TAMPA, FL 33679

## New Mailing Address:

FEI Number: 59-3432285      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEAN, WILLIAM H  
4019 W. INMAN AVE  
TAMPA, FL 33609      US

## Name and Address of New Registered Agent:

CALDWELL, CRAIG D  
10556 INDIAN HILLS CT  
LARGO, FL 33777      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: CRAIG D CALDWELL

02/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:            D            ( ) Delete  
Name:            DEAN, WILLIAM H  
Address:        4019 W. INMAN AVE  
City-St-Zip:    TAMPA, FL 33608

Title:            D            ( ) Delete  
Name:            DEAN, BEVERLY B  
Address:        4019 W. INMAN AVE  
City-St-Zip:    TAMPA, FL 33609

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:            D            (X) Change ( ) Addition  
Name:            CALDWELL, CRAIG D  
Address:        10556 INDIAN HILLS CT  
City-St-Zip:    LARGO, FL 33777

Title:            PD            (X) Change ( ) Addition  
Name:            DEHLINGER, ERIC J  
Address:        2512 WEST FERN ST  
City-St-Zip:    TAMPA, FL 33614

Title:            STD            ( ) Change (X) Addition  
Name:            CRAMER, HENRY A  
Address:        2716 STATE ST  
City-St-Zip:    TAMPA, FL 33609

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: CRAIG D CALDWELL

D

02/29/2008

Electronic Signature of Signing Officer or Director

Date