

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030429

FILED
Mar 20, 2012
Secretary of State

Entity Name: FLORIDA INSURANCE CONCEPTS, INC.

Current Principal Place of Business:

1648 S.E. PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1648 S.E. PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-3439619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESSETTE, DAVID L
1648 S.E. PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 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: PD
Name: BESSETTE, DAVID L
Address: 5155 NW PALMETTO AVE
City-St-Zip: FT PIERCE, FL 34982

Title: STD
Name: PASS, KATHERINE
Address: 3057 SE GALT CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34984

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: KATHERINE PASS

TREA

03/20/2012

Electronic Signature of Signing Officer or Director

Date