


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000058559	
1. Entity Name ASSURANCE SERVICE PLAN, INC.	

Principal Place of Business 2800 US HWY 98 N BARTOW FL 33830	Mailing Address P.O. BOX 1700 BARTOW FL 33830
---------------------------------------------------------------------------	------------------------------------------------------------

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3478694		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBLES, BENJAMIN J 425 E VAN FLEET DR BARTOW FL 33830	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME ROBLES, BENJAMIN J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5413 BURNT HICKORY DR		NAME	
CITY - ST - ZIP VALRICO FL 33594		STREET ADDRESS	
TITLE VPD <input type="checkbox"/> Delete	NAME MULLIS, DENNIS M	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6106 PIER PLACE DRIVE		NAME	
CITY - ST - ZIP LAKELAND FL 33813		STREET ADDRESS	
TITLE SD <input type="checkbox"/> Delete	NAME KENDRICK, HAZEL B	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1295 E GEORGIA ST		NAME	
CITY - ST - ZIP BARTOW FL 33830		STREET ADDRESS	
TITLE TD <input type="checkbox"/> Delete	NAME AMBROSE, ROBERT E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1502 AZALEA ST		NAME	
CITY - ST - ZIP PLANT CITY FL 33566		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin Robles BENJAMIN ROBLES 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #