2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90056 039 ***150.00

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1. Entity Name
ASSURANCE SERVICE PLAN, INC.

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

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3478694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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)
10505 BROADLAND PASS

City THONOTOSASSA **FL** Zip Code 33592

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBLES, BENJAMIN J 5413 BURNT HICKORY DR VALRICO FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition 10505 BROADLAND PASS THONOTOSASSA FL 33592
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MULLIS, DENNIS M 6106 PIER PLACE DRIVE LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KENDRICK, HAZEL B 1295 E GEORGIA ST BARTOW FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AMBROSE, ROBERT E 1502 AZALEA ST PLANT CITY FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: D M. Mullis DENNIS M. MULLIS 1/31/07 (863)533-0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #