

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058559

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: ASSURANCE SERVICE PLAN, INC.

## Current Principal Place of Business:

2800 US HWY 98 N  
BARTOW, FL 33830

## New Principal Place of Business:

2800 US HWY 98 N  
BARTOW, FL 33830 US

## Current Mailing Address:

P.O. BOX 1700  
BARTOW, FL 33830

## New Mailing Address:

P.O. BOX 1700  
BARTOW, FL 33831 US

FEI Number: 59-3478694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBLES, BENJAMIN J  
1780 LAUREL GLEN PLACE  
LAKELAND, FL 33803 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBLES, BENJAMIN J  
Address: 1780 LAUREL GLEN PLACE  
City-St-Zip: LAKELAND, FL 33803

Title: VPD ( ) Delete  
Name: MULLIS, DENNIS M  
Address: 6106 PIER PLACE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete  
Name: KENDRICK, HAZEL B  
Address: 508 CARIBBEAN DRIVE  
City-St-Zip: LAKELAND, FL 33803

Title: TD ( ) Delete  
Name: AMBROSE, ROBERT E  
Address: 1502 AZALEA ST  
City-St-Zip: PLANT CITY, FL 33566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DENNIS M. MULLIS

VPD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date