2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2011
Secretary of State

DOCUMENT# P97000058559

Entity Name: ASSURANCE SERVICE PLAN, INC.

Current Principal Place of Business:

2800 US HWY 98 N
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1700
BARTOW, FL 33831 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

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

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: DENNIS M. MULLIS VP 02/24/2011

Electronic Signature of Signing Officer or Director Date