

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90234 002 ***150.00

DOCUMENT # P97000075005					
1. Entity Name ASSOCIATION INSURANCE MANAGEMENT, INC.					
Principal Place of Business 2019 DELLWOOD AVENUE JACKSONVILLE, FL 32204			Mailing Address 2019 DELLWOOD AVENUE JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3840 BONE HILL AV			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222008 Chg-P CR2E034 (12/06)	
City & State		City & State JACKSONVILLE FL		4. FEI Number 59-1577590	
Zip		Country 32205 FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOODWIN, ROBERT W 2019 DELLWOOD AVENUE JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent Name: ROBERT W. GOODWIN Street Address (P.O. Box Number is Not Acceptable): 3840 BONE HILL AV City: JACKSONVILLE FL 32205		
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: <i>R. W. Goodwin</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$450.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GOODWIN, ROBERT W 2019 DELLWOOD AVENUE JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>R. W. Goodwin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-25-08 Date Daytime Phone #		