2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000076648

City-St-Zip:

FORT PIERCE, FL 34950

FILED Jun 08, 2009 Secretary of State

Entity Name: FLORIDA CONSOLIDATED AGENCY, INC. **Current Principal Place of Business: New Principal Place of Business:** 500 NORTHPOINT PKWY STE 200 WEST PALM BEACH, FL 33407 **New Mailing Address: Current Mailing Address:** 2222 COLONIAL RD STE 100 FT PIERCE, FL 34950 FEI Number: 65-0923329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLBUR, DAVID 2222 COLONIAL RD STE 100 FT PIERCE, FL 34950 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition том, соок COOK, TOM Name: 500 NORTHPOINT PARKWAY, STE 200 500 NORTHPOINT PARKWAY, STE 200 Address:

Name: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 Title: VΡ Title: () Change () Addition () Delete Name: WILLBUR, DAVID G Name: 2222 COLONIAL ROAD, STE 100 Address: Address: FORT PIERCE, FL 34950 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PALMER, REBECCA A Name: Name: 500 NORTHPOINTE PARKWAY, STE 200 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: **VPTS** () Delete Title: () Change () Addition TOMASCIK, GEORGE J SR Name: Name: Address: 2222 COLONIAL ROAD, STE 100 Address:

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.

City-St-Zip:

SIGNATURE: GEORGE J TOMASCIK **EVP** 06/08/2009