

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000017181

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** INSURANCE CONCEPTS OF FLORIDA, INC.

**Current Principal Place of Business:**

14181 BEACH BLVD  
#5  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

14181 BEACH BLVD  
#5  
JACKSONVILLE, FL 32250

**New Mailing Address:**

**FEI Number:** 59-3563282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PSD  
Name: OSHMAN, LISA L PRES  
Address: 14181 BEACH BLVD STE 5  
City-St-Zip: JACKSONVILLE, FL 32250

Title: TD  
Name: OSHMAN, LISA L  
Address: 14181 BEACH BLVD STE #5  
City-St-Zip: JACKSONVILLE, FL 32250

Title: VP  
Name: HARRELL, THOMAS CARL  
Address: 234 SPORTSMAN DRIVE  
City-St-Zip: WELAKA, FL 32193

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: LISA L OSHMAN

PRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date