2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2015
Secretary of State
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Entity Name: ASSURANCE SERVICE PLAN, INC.

Current Principal Place of Business:

2800 US HWY 98 N
BARTOW, FL 33830

Current Mailing Address:

P.O. BOX 1700
BARTOW, FL 33831 US

FEI Number: 59-3478694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBLES, BENJAMIN J
2800 US HWY 98 NORTH
BARTOW, FL 33830 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

Officer/Director Detail :

Title	PD	Title	VPD
Name	ROBLES, BENJAMIN J	Name	MULLIS, DENNIS M
Address	10505 BROADLAND PASS	Address	6106 PIER PLACE DRIVE
City-State-Zip:	THONOTOSASSA FL 33592	City-State-Zip:	LAKELAND FL 33813
Title	SD	Title	TD
Name	KENDRICK, HAZEL B	Name	AMBROSE, ROBERT E
Address	2025 SYLVESTER RD #E-3	Address	1502 AZALEA ST
City-State-Zip:	LAKELAND FL 33803	City-State-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: BENJAMIN J. ROBLES PD 03/24/2015

Electronic Signature of Signing Officer/Director Detail — Date