2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# P06000146444

Entity Name: TROY FAIN INSURANCE, INC.

Current Principal Place of Business:

5524 APALACHEE PKWY
TALLAHASSEE, FL 32314

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 5077
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 20-5967441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOTT, TIMOTHY B
2873 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: TAYLOR, DEBRA J
Address: POST OFFICE BOX 5077
City-St-Zip: TALLAHASSEE, FL 32314

Title: VD
Name: SOLOMON, DEBRA
Address: POST OFFICE BOX 5077
City-St-Zip: TALLAHASSEE, FL 32314

Title: STD
Name: DIESTELHORST, JACK
Address: POST OFFICE BOX 5077
City-St-Zip: TALLAHASSEE, FL 32314

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: TONYA GODWIN MANA 01/08/2010

Electronic Signature of Signing Officer or Director Date