

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000068398

FILED
Apr 16, 2010
Secretary of State

Entity Name: TOM BISHOP INSURANCE AGENCY, INC.

Current Principal Place of Business:

11371 SEA GRASS CIRCLE
BOCA RATON, FL 33498

New Principal Place of Business:

120 NE 2ND STREET
BOCA RATON, FL 33432

Current Mailing Address:

11371 SEA GRASS CIRCLE
BOCA RATON, FL 33498

New Mailing Address:

120 NE 2ND STREET
BOCA RATON, FL 33432

FEI Number: 80-0462393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, TOM
11371 SEA GRASS CIRCLE
BOCA RATON, FL 33498 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: D/P
Name: BISHOP, TOM
Address: 11371 SEA GRASS CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: VP
Name: BISHOP, DAVID
Address: 11371 SEA GRASS CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: T
Name: BISHOP, SANDY
Address: 11371 SEA GRASS CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: S
Name: BISHOP, SHERA
Address: 11371 SEA GRASS CIRCLE
City-St-Zip: BOCA RATON, FL 33498

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: TOM BISHOP

PRES

04/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date