## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S60572

Entity Name: DENNIS INSURANCE AGENCY, INC.

FILED Jaņ 25, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

146-A WHITAKER RD 209 CRYSTAL GROVE BLVD LUTZ, FL 33549

#101

LUTZ, FL 33548

**Current Mailing Address: New Mailing Address:** 

209 CRYSTAL GROVE BLVD 146-A WHITAKER RD LUTZ, FL 33549

#101

LUTZ, FL 33548 US

FEI Number: 59-3453285 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:

TRASK, J. THOMAS TRASK, J. THOMAS 146-A WHITAKER RD 209 CRYSTAL GROVE BLVD LUTZ, FL 33549 #101

LUTZ, FL 33548 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: 01/25/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

## **OFFICERS AND DIRECTORS:**

TRASK, J. THOMAS

146-A WHITAKER RD

LUTZ, FL 33549

Title:

Name:

Address:

Address: City-St-Zip: Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: TRASK, J. THOMAS

146-A WHITAKER RD 209 CRYSTAL GROVE BLVD #101 Address:

City-St-Zip: LUTZ, FL 33549 City-St-Zip: LUTZ, FL 33548

Title: Title: () Delete (X) Change ( ) Addition

Name: TRASK, MELANIE B Name: TRASK, MELANIE B

146-A WHITAKER 209 CRYSTAL GROVE BLVD #101 Address: Address:

LUTZ, FL 33549 LUTZ, FL 33548 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition TRASK, DENNIS W Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MELANIE TRASK S 01/25/2007