

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 165570

FILED  
Mar 09, 2011  
Secretary of State

Entity Name: INSURANCE BUREAU, INC.

**Current Principal Place of Business:**

1515 N. WESTSHORE BLVD.  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1515 N. WESTSHORE BLVD.  
TAMPA, FL 33631

**New Mailing Address:**

1515 N. WESTSHORE BLVD.  
TAMPA, FL 33607

FEI Number: 59-0660431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOMLIN, JOHN A  
1515 N WESTSHORE BLVD  
TAMPA, FL 33607 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: S  
Name: BAKEWELL, KEVIN W  
Address: 12594 92ND WAY N  
City-St-Zip: PALM HARBOR, FL 34684

Title: P  
Name: TOMLIN, JOHN A  
Address: 18008 CLEAR LAKE DR.  
City-St-Zip: LUTZ, FL

Title: T  
Name: MCKEE, ROBERT A  
Address: 2916 CYPRESS RIDGE  
City-St-Zip: PALM HARBOR, FL 34684

Title: D  
Name: SHARP, ROBERT R  
Address: 1515 N. WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33629 US

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: KEVIN W BAKEWELL

S

03/09/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date