

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 491822

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** THOMAS B. PARSONS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5521 HANLEY RD  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

5521 HANLEY RD  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 59-1631782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PARSONS, THOMAS B  
5521 HANLEY ROAD  
TAMPA, FL 33615 US

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

PARSONS, THOMAS B  
5521 HANLEY ROAD  
TAMPA, FL 33634 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

02/09/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: PARSONS, NORMA A  
Address: 8308 BEASLEY RD  
City-St-Zip: TAMPA, FL 33615 US

Title: P  
Name: PARSONS, THOMAS B  
Address: 8308 BEASLEY RD  
City-St-Zip: TAMPA, FL 33615 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: THOMAS B. PARSONS

Electronic Signature of Signing Officer or Director

PRES

02/09/2010

Date