

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 611956

FILED
Mar 15, 2011
Secretary of State

Entity Name: TOM MERE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1555 N TAMIAMI TRAIL
N. FT.MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

1555 N TAMIAMI TRAIL
N. FT.MYERS, FL 33903 US

New Mailing Address:

FEI Number: 59-1886815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERE, THOMAS A
1555 N.TAMIAMI TR.
N. FORT MYERS, FL 33903 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: P
Name: MERE, THOMAS A
Address: 19550 NALLE RD
City-St-Zip: N FORT MYERS, FL 33917

Title: S
Name: MERE, THOMAS A
Address: 19550 NALLE RD
City-St-Zip: N FORT MYERS, FL 33917

Title: VP
Name: MERE, VICKI L
Address: 19550 NALLE RD
City-St-Zip: N FORT MYERS, FL 33917

Title: T
Name: MERE, VICKI L
Address: 19550 NALLE RD.
City-St-Zip: N. FORT MYERS, FL 33917

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 A MERE

P

03/15/2011

Electronic Signature of Signing Officer or Director

Date