

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686531

FILED  
Mar 22, 2007  
Secretary of State

Entity Name: THOMAS E. CORKHILL INSURANCE AGENCY INC.

## Current Principal Place of Business:

9718 KILGONE RD  
ORLANDO, FL 32836

## New Principal Place of Business:

700 WINTHROP PLACE  
ORLANDO, FL 32803

## Current Mailing Address:

9718 KILGONE RD  
ORLANDO, FL 32836 US

## New Mailing Address:

700 WINTHROP PLACE  
ORLANDO, FL 32803 US

FEI Number: 59-2031098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORKHILL, THOMAS E.  
9718 KILGONE RD  
ORLANDO, FL 32836 US

## Name and Address of New Registered Agent:

CORKHILL, THOMAS E.  
700 WINTHROP PLACE  
ORLANDO, FL 32803 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:

03/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS ( ) Delete  
Name: CORKHILL, LINDA J,  
Address: 9718 KILGORE ROAD  
City-St-Zip: ORLANDO, FL

Title: PT ( ) Delete  
Name: CORKHILL, THOMAS E,  
Address: 9718 KILGORE ROAD  
City-St-Zip: ORLANDO, FL

Title: V ( ) Delete  
Name: RUSS, CAROL C.,  
Address: 381 N. SHADOWBAY BLVD.  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VS (X) Change ( ) Addition  
Name: CORKHILL, LINDA J,  
Address: 700 WINTHROP PLACE  
City-St-Zip: ORLANDO, FL 32803 US

Title: PT (X) Change ( ) Addition  
Name: CORKHILL, THOMAS E,  
Address: 700 WINTHROP PLACE  
City-St-Zip: ORLANDO, FL 32803

Title: ( ) Change ( ) Addition  
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: THOMAS E. CORKHILL

PRES

03/22/2007

Electronic Signature of Signing Officer or Director

Date