

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003928

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: PALM HARBOR INSURANCE AGENCY OF TEXAS, INC.

## Current Principal Place of Business:

100 NORTHWOODS DRIVE  
NEW BRAUNFELS, TX 78132

## New Principal Place of Business:

100 NORTHWOODS DRIVE  
NEW BRAUNFELS, TX 78132 US

## Current Mailing Address:

PO BOX 311806  
NEW BRAUNFELS, TX 781311806

## New Mailing Address:

FEI Number: 74-3012135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete  
Name: RYAN, GAVIN M  
Address: 15303 DALLAS PKWY STE 800  
City-St-Zip: ADDISON, TX 75001

Title: VCVF ( ) Delete  
Name: KOTYLO, WILLIAM A  
Address: 100 NORTHWOODS DRIVE  
City-St-Zip: NEW BRAUNFELS, TX 78132

Title: S ( ) Delete  
Name: BROCK, RALPH D  
Address: 100 NORTHWOODS DRIVE  
City-St-Zip: NEW BRAUNFELS, TX 78132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RALPH D BROCK

SEC

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date