

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005244

FILED  
May 09, 2012  
Secretary of State

**Entity Name:** TAS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

255 NW BLUE PARKWAY  
SUITE 102  
LEE'S SUMMIT, MO 64063

**New Principal Place of Business:**

**Current Mailing Address:**

255 NW BLUE PARKWAY  
SUITE 102  
LEE'S SUMMIT, MO 64063

**New Mailing Address:**

**FEI Number:** 43-1807622      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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:** C  
**Name:** WEAR, CHARLIE  
**Address:** 239 S BEACH RD  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** PTD  
**Name:** DEORIO, TAD  
**Address:** 5629 NE NORTHGATE CROSSING  
**City-St-Zip:** LEE'S SUMMIT, MO 64064

**Title:** VPSD  
**Name:** WEAR, CHARLES  
**Address:** 239 S BEACH RD  
**City-St-Zip:** HOBE SOUND, FL 33455

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: TAD DEORIO

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

PTD

05/09/2012

\_\_\_\_\_ Date