

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32078

FILED
Feb 15, 2011
Secretary of State

Entity Name: INSURANCE SERVICES OF TAMPA, INC.

Current Principal Place of Business:

23003 WHITE ROCK RD.
BROOKSVILLE, FL 34602

New Principal Place of Business:

Current Mailing Address:

23003 WHITE ROCK RD.
BROOKSVILLE, FL 34602

New Mailing Address:

FEI Number: 59-2280570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWTON, LAURA A
23003 WHITE ROCK RD
BROOKSVILLE, FL 34602 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: NEWTON, LAURA A
Address: 23003 WHITE ROCK RD
City-St-Zip: BROOKSVILLE, FL 34602

Title: V
Name: NEWTON, WESLEY M
Address: 23003 WHITE ROCK RD
City-St-Zip: BROOKSVILLE, FL 34602

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: LAURA A NEWTON

_____ Electronic Signature of Signing Officer or Director

MRS

02/15/2011

_____ Date