2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# G40419

Entity Name: MUTUAL INSURANCE AGENCY TAMPA, INC.

Current Principal Place of Business:

306 W. WATERS AVENUE
TAMPA, FL 33604 US

New Principal Place of Business:

Current Mailing Address:

306 W. WATERS AVENUE
TAMPA, FL 33604 US

New Mailing Address:

FEI Number: 59-2296319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, ROBERT E.
10708 N DIXON AVE.
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

HOWELL, ROBERT E PRES
10708 N DIXON AVE.
TAMPA, FL 33612 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: ROBERT EARLE HOWELL 02/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: HOWELL, ROBERT E.,
Address: 10708 N DIXON AVENUE
City-St-Zip: TAMPA, FL 33612

Title: VS ( ) Delete
Name: LOWE, MARY C.,
Address: 8075 HIGH CORNER ROAD
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ROBERT EARLE HOWELL PRES 02/26/2007
Electronic Signature of Signing Officer or Director Date