2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2010
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 PRES
10708 N DIXON AVE.
TAMPA, FL 33612 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: PT
Name: HOWELL, ROBERT E.
Address: 10708 N DIXON AVENUE
City-St-Zip: TAMPA, FL 33612

Title: VS
Name: LOWE, MARY C.
Address: 8075 HIGH CORNER ROAD
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: ROBERT E HOWELL PRES 06/17/2010

Electronic Signature of Signing Officer or Director Date