

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18295

FILED
Feb 10, 2010
Secretary of State

Entity Name: TRANS-FLORIDA INSURANCE AGENCY, INC.

Current Principal Place of Business:

7821 DEERCREEK CLUB ROAD
SUITE 101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7821 DEERCREEK CLUB ROAD
SUITE 101
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3025211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDSCHOOT, CARLOTTA
7821 DEERCREEK CLUB ROAD
SUITE 101
JACKSONVILLE, FL 32256 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: PD
Name: LANDSCHOOT, CARLOTTA W
Address: 3047 BISHOP ESTATES RD
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD
Name: HARRIS, MELANIE W
Address: 2807 EVERCHARM PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD
Name: WATSON III, WILLIAM A
Address: 3430 CORMORANT COVE, DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: ST
Name: WATSON, JANELLE W
Address: 2807 EVERCHARM PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D
Name: WATSON, JR., WILLIAM A
Address: 2807 EVERCHARM PLACE
City-St-Zip: JACKSONVILLE, FL 32257

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: WILLIAM A. WATSON, JR.

D

02/10/2010

Electronic Signature of Signing Officer or Director

Date