

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049174

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** DENNISON INSURANCE, INCORPORATED

**Current Principal Place of Business:**

3300 HENDERSON BLVD  
SUITE #102  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

1209 MAGDALENE HILL DRIVE  
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number:** 59-3729693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DENNISON, JANE  
1209 MAGDALENE HILL DRIVE  
TAMPA, FL 33613 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:** P  
**Name:** DENNISON, MARY JANE  
**Address:** 1209 MAGDALENE HILL DRIVE  
**City-St-Zip:** TAMPA, FL 33613

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:** MARY JANE DENNISON

PRES

01/06/2010

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

\_\_\_\_\_  
Date