2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004
Secretary of State

DOCUMENT# P01000052054

Entity Name: TANKERSLEY INSURANCE GROUP, INC.

Current Principal Place of Business:

150 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

160 N. WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

P.O. BOX 162207
ALTAMONTE SPRINGS, FL 32703 US

New Mailing Address:

FEI Number: 59-3724512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TANKERSLEY, JOHN
2049 GOLDEN IVY WAY
APOPKA, FL 32703 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 ( ) Delete
Name: TANKERSLEY, JOHN
Address: 2049 GOLDEN IVY WAY
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete
Name: TANKERSLEY, JILL GENTRY-
Address: 2049 GOLDEN IVY WAY
City-St-Zip: APOPKA, FL 32703

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 Section 119.07(3)(i), 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: JOHN TANKERSLEY PRES 09/01/2004

Electronic Signature of Signing Officer or Director Date