FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90054 035 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000052054

1. Entity Name
TANKERSLEY INSURANCE GROUP, INC.

50063066

Principal Place of Business	Mailing Address
160 N. WESTMONTE DR. ALTAMONTE SPRINGS, FL 32714 US	P.O. BOX 162207 ALTAMONTE SPRINGS, FL 32703 US

08182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
250 International Pkwy	250 International Pkwy
Suite, Apt. #, etc.: Suite 250	Suite, Apt. #, etc.: Suite 250
City & State: Lake Mary, FL	City & State: Lake Mary, FL
Zip: 32746 Country:	Zip: 32746 Country:

4. FEI Number: 59-3724512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TANKERSLEY, JOHN 2049 GOLDEN IVY WAY APOPKA, FL 32703	Name: Street Address (P.O. Box Number is Not Acceptable): 1224 Stetson Street City: Orlando, FL Zip Code: 32804

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 8/22/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANKERSLEY, JOHN 2049 GOLDEN IVY WAY APOPKA, FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1224 Stetson Street Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TANKERSLEY, JILL GENTRY- 2049 GOLDEN IVY WAY APOPKA, FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 1224 Stetson Street Orlando, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #