

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088360

FILED
Jan 08, 2009
Secretary of State

Entity Name: APPLE INSURANCE MALL OF TYRONE, INC.

Current Principal Place of Business:

625 COURT STREET
200
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

5500 INTERSTATE NORTH PARKWAY
SUITE 600
ATLANTA, GA 30328

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: STURNBAUGH, BUD
Address: 5500 INTERSTATE N. PKWY. 600
City-St-Zip: ATLANTA, GA 30328

Title: DC () Delete
Name: MILLNER, GUY
Address: 5500 INTERSTATE N. PKWY. 600
City-St-Zip: ATLANTA, GA 30328

Title: TSV () Delete
Name: HAIN, MARK
Address: 5500 INTERSTATE N. PKWY. 600
City-St-Zip: ATLANTA, GA 30328

Title: T () Delete
Name: DOTSON, RICHARD
Address: 5500 INTERSTATE N. PKWY. 600
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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: MARK HAIN

TSV

01/08/2009

Electronic Signature of Signing Officer or Director

Date