

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004 8:00 am
Secretary of State

01-07-2004 90030 018 ***150.00

DOCUMENT # P02000003850 1. Entity Name TARR & ASSOC. INSURANCE, INC.					
Principal Place of Business 10210 289TH STREET EAST MAYAKKA CITY, FL 34251			Mailing Address 10210 289TH STREET EAST MAYAKKA CITY, FL 34251		
2. Principal Place of Business 10210 289TH Street East		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MAYAKKA City, FL		City & State			
Zip 34251		Country USA		4. FEI Number 94-3414819	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TARR, GARY 10210 289TH STREET EAST MAYAKKA CITY, FL 34251			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT TARR, GARY 10210 289TH STREET EAST MAYAKKA CITY, FL 34251 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TARR, PAMELA 10210 289TH STREET EAST MAYAKKA CITY, FL 34251 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Pamela Tarr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-5-04 941-322-0700 Date Daytime Phone #		