

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003850

FILED
Jan 04, 2005
Secretary of State

Entity Name: TARR & ASSOC. INSURANCE, INC.

Current Principal Place of Business:

10210 289TH ST E
MAYAKKA CITY, FL 34251

New Principal Place of Business:

10210 289TH ST E
MYAKKA CITY, FL 34251

Current Mailing Address:

10210 289TH STREET EAST
MAYAKKA CITY, FL 34251

New Mailing Address:

10210 289TH STREET EAST
MYAKKA CITY, FL 34251

FEI Number: 94-3414819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARR, GARY
10210 289TH STREET EAST
MAYAKKA CITY, FL 34251 US

Name and Address of New Registered Agent:

TARR, GARY
10210 289TH STREET EAST
MYAKKA CITY, FL 34251 US

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:

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: TARR, GARY
Address: 10210 289TH STREET EAST
City-St-Zip: MAYAKKA CITY, FL 34251

Title: VPS () Delete
Name: TARR, PAMELA
Address: 10210 289TH STREET EAST
City-St-Zip: MAYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: TARR, GARY
Address: 10210 289TH STREET EAST
City-St-Zip: MYAKKA CITY, FL 34251

Title: VPS (X) Change () Addition
Name: TARR, PAMELA
Address: 10210 289TH STREET EAST
City-St-Zip: MYAKKA CITY, FL 34251

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: PAMELA TARR

VPS

01/04/2005

Electronic Signature of Signing Officer or Director

Date