

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003850

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: TARR & ASSOC. INSURANCE, INC.

## Current Principal Place of Business:

10210 289TH ST E  
MYAKKA CITY, FL 34251

## New Principal Place of Business:

## Current Mailing Address:

10210 289TH STREET EAST  
MYAKKA CITY, FL 34251

## New Mailing Address:

FEI Number: 94-3414819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change ( ) Addition  
Name: VINIARD, RAF  
Address: 1121 COOPER ROAD  
City-St-Zip: SOCIAL CIRCLE, GA 30025 US

Title: SEC ( ) Change (X) Addition  
Name: SCHWARZ, KARY  
Address: 3408-155TH AVE. EAST  
City-St-Zip: PARRISH, FL 34219 US

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

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: PAMELA TARR

PT

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date