

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003850

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** TARR & ASSOC. INSURANCE, INC.

**Current Principal Place of Business:**

4509 BEE RIDGE RD  
SUITE C  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4509 BEE RIDGE RD  
SUITE C  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:** 94-3414819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOD, BRENDA ACCT  
4509 BEE RIDGE RD  
SUITE C  
SARASOTA, FL 34233 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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: TARR, PAMELA  
Address: 3012 GARRIOTT LANE  
City-St-Zip: SARASOTA, FL 34232 US

Title: VPS  
Name: VINIARD, RAF  
Address: 1389 HIGHWAY 213  
City-St-Zip: COVINGTON, GA 30014 US

Title: SEC  
Name: VINIARD, RAF  
Address: 1389 HIGHWAY 213  
City-St-Zip: COVINGTON, GA 30014 US

Title: TREA  
Name: TARR, PAMELA  
Address: 3012 GARRIOTT LANE  
City-St-Zip: SARASOTA, FL 34232 US

I hereby 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 all other like empowered.

SIGNATURE: PAMELA TARR

PT

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date