

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134041

FILED
Jan 31, 2005
Secretary of State

Entity Name: JOE TOMECKO INSURANCE, INC.

Current Principal Place of Business:

1605 SHADY LEAF DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1605 SHADY LEAF DRIVE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 51-0438869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
OWENS LAW GROUP, P.A.
811-B CYPRESS VILLAGE BOULEVARD
RUSKIN, FL 33573 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: D () Delete
Name: TOMECKO, JOSEPH L
Address: 1605 SHADY LEAF DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSEPH L TOMECKO

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

Date