2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P02000134041

Entity Name: JOE TOMECKO INSURANCE, INC.

Current Principal Place of Business:

1605 SHADY LEAF DRIVE
VALRICO, FL 33596

New Principal Place of Business:

Current Mailing Address:

1605 SHADY LEAF DRIVE
VALRICO, FL 33596

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:

COLBY, ALFRED A
MECHANICK NUCCIO HEARNE & WESTER, P.A.
305 SOUTH BOULEVARD
TAMPA, FL 33606 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: D
Name: TOMECKO, JOSEPH L
Address: 1605 SHADY LEAF DRIVE
City-St-Zip: VALRICO, FL 33596

Title: D
Name: TOMECKO, JOSEPH L
Address: 1605 SHADY LEAF DR
City-St-Zip: VALRICO, FL 33596 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: JOSEPH L TOMECKO D 01/06/2011

Electronic Signature of Signing Officer or Director — Date