## 2007 FOR PROFIT CORPORATION

## Apr 30, 2007 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # P03000113786** TOMMY SURLES INSURANCE AGENCY, INC. Principal Place of Business Mailing Address **425 S JEFFERSON STREET** 425 S JEFFERSON STREET MONTICELLO, FL 32344 MONTICELLO, FL 32344 04232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0302257 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SURLES, TOMMY DO NOT WRITE **425 S JEFFERSON STREET** MONTICELLO, FL 32344 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 000000745377 05/16/07-80027-006 150.00 TITLE NAME SURLES, TOMMY 425 S JEFFERSON STREET STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 TIFLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

NAME 1, / STREET ADDRESS! CITY SI-ZIP.

NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

850-177-82**82** 

**FILED**