


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

07-20-2007 90017 045 \*\*\*558.75

DOCUMENT # P03000114491

1. Entity Name  
 DAVID TATE INSURANCE AGENCY, INC.



Principal Place of Business  
 2566 MCMULLEN BOOTH RD.  
 SUITE B  
 CLEARWATER, FL 33761 US

Mailing Address  
 2566 MCMULLEN ~~ST~~ BOOTH RD.  
 SUITE B  
 CLEARWATER, FL 33761 US

401102000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07092007 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
 20-0305266

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAU, JAMES V  
~~2730 VA CAPRI #1038 CLEARWATER, FL 33764~~ 1316 CALADESI CT. DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TATE, DAVID L 2566-C MCMULLEN BOOTH RD. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TATE, DAVID L 2566-C MCMULLEN BOOTH RD. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete TATE, DAVID L 2566-C MCMULLEN BOOTH RD. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete TATE, DAVID L 2566-C MCMULLEN BOOTH RD. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2566 B MCMULLEN BOOTH RD. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2566 B MCMULLEN BOOTH RD. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2566 B MCMULLEN BOOTH RD. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2566 B MCMULLEN BOOTH RD. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 an address, with all other like empowered.

SIGNATURE: *David Tate* DAVID L. TATE, PRESIDENT 7-9-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: *cell: 727-599-6345*