## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000114491

TATE, DAVID L

2566 B MCMULLEN BOOTH RD.

CLEARWATER, FL 33761 US

Name:

Address:

City-St-Zip:

Entity Name: DAVID TATE INSURANCE AGENCY, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	IULLEN BOOTH	HRD.			
SUITE B CLEARWA	ATER, FL 3376	1 US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2566 MCMULLEN BOOTH RD.			2566 MCMULLEN B	2566 MCMULLEN BOOTH RD.	
SUITE B CLEARWATER, FL 33761 US		SUITE B CLEARWATER, FL 33761 US			
FEI Number:	: 20-0305266	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	ADE ST CT	JS	LAU, JAMES V 1316 CALADESI CT DUNEDIN, FL 3469	8 US	
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				02/05/2009	
	Electroni	c Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () TATE, DAVID L 2566 B MCMUL CLEARWATER,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () TATE, DAVID L 2566 B MCMUL CLEARWATER,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () TATE, DAVID L 2566 B MCMUL CLEARWATER,		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID TATE, PRESIDENT PRES 02/05/2009