

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094129

FILED
Jan 08, 2009
Secretary of State

Entity Name: TOWN INSURANCE SERVICES, INC.

Current Principal Place of Business:

6010 DUCLAY ROAD
SUITE 2
JACKSONVILLE, FL 32244

Current Mailing Address:

6010 DUCLAY ROAD
SUITE 2
JACKSONVILLE, FL 32244

New Principal Place of Business:

4611 US HIGHWAY 17
SUITE 4
ORANGE PARK, FL 32003

New Mailing Address:

4611 US HIGHWAY 17
SUITE 4
ORANGE PARK, FL 32003

FEI Number: 20-1273367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, TAMMY J
961 LEBRUN DR
JACKSONVILLE, FL 32205 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: P () Delete
Name: WILLIAMS, TAMMY J
Address: 961 LEBRUN DR
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Delete
Name: HOPPER,
Address: 9191 103 RD ST
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WILLIAMS, TAMMY J
Address: 961 LEBRUN DR
City-St-Zip: JACKSONVILLE, FL 32205

Title: P/T (X) Change () Addition
Name: ALI, FAZAL A
Address: 4611-4 US HIGHWAY 17
City-St-Zip: ORANGE PARK, FL 32003

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.

SIGNATURE: FAZAL A. ALI

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date