

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124548

FILED  
Jan 07, 2011  
Secretary of State

Entity Name: TERRY S. SIMMONS INSURANCE, INC.

## Current Principal Place of Business:

1465 SOUTH FORT HARRISON AV  
SUITE 104  
CLEARWATER, FL 33756

## New Principal Place of Business:

1465 SOUTH FORT HARRISON AVE  
SUITE 104  
CLEARWATER, FL 33756

## Current Mailing Address:

1465 SOUTH FORT HARRISON AV  
SUITE 104  
CLEARWATER, FL 33756

## New Mailing Address:

2950 LEPRECHAUN LANE  
PALM HARBOR, FL 34683

FEI Number: 20-1562662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, TERRY S  
1465 SOUTH FORT HARRISON  
#104  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

BUTTS, DAN P  
2950 LEPRECHAUN LANE  
PALM HARBOR, FL 34683 US

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: DAN BUTTS

01/07/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SIMMONS, TERRY S  
Address: 1465 SOUTH FORT HARRISON AVE SUITE 104  
City-St-Zip: CLEARWATER, FL 33756

Title: VP  
Name: BUTTS, DAN P  
Address: 2950 LEPRECHAUN LANE  
City-St-Zip: PALM HARBOR, FL 34683

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: DAN BUTTS

VP

01/07/2011

Electronic Signature of Signing Officer or Director

Date