

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000124548

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** TERRY S. SIMMONS INSURANCE, INC.

**Current Principal Place of Business:**

1465 SOUTH FORT HARRISON AVE  
SUITE 104  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

2950 LEPRECHAUN LANE  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 20-1562662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**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 P BUTTS

VP

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date