

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000115412

1. Entity Name
TAMPA BAY INSURANCE SCHOOL, INC.



Principal Place of Business
8270 WOODLAND CENTER BLVD.
TAMPA, FL 33614

Mailing Address
8270 WOODLAND CENTER BLVD.
TAMPA, FL 33614

FILED
Apr 23, 2007 08:00 A
Secretary of State



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3352542

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, DAWN M
8270 WOODLAND CENTER BLVD
TAMPA, FL 33614

**DO NOT WRITE
IN THIS SPACE**

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

Signature, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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
PSTD
EVANS, DAWN M
6205 DUCK KEY CT
TAMPA, FL 33625

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/02/07-80004-021 150.00

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

[Signature] President

4/17/2007 (813) 739-8936