

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000167928

1. Entity Name

TALLAHASSEE INSURANCE AGENCY INC



Principal Place of Business

4727-18 CRAWFORDVILLE RD  
TALLAHASSEE, FL 32305 US

Mailing Address

4727-18 CRAWFORDVILLE RD  
TALLAHASSEE, FL 32305 US

**FILED**

**Jul 09, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

56-2548694

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, CAROLYN S  
3483 COLLINS LANDING ROAD  
TALLAHASSEE, FL 32310

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000953792

07/09/08-00000-000 158.75  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLACE, CAROLYN S
STREET ADDRESS	4727-18 CRAWFORDVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	S/T
NAME	WALLACE, CAROLYN S
STREET ADDRESS	4727-18 CRAWFORDVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Carolyn S Wallace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/08  
Day

850-  
297-1818  
Daytime Phone #