2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# P05000167928

Entity Name: TALLAHASSEE INSURANCE AGENCY INC

Current Principal Place of Business:

4727-18 CRAWFORDVILLE RD
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

Current Mailing Address:

4727-18 CRAWFORDVILLE RD
TALLAHASSEE, FL 32305 US

New Mailing Address:

FEI Number: 56-2548694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WALLACE, CAROLYN S
3484 COLLINS LANDING ROAD
TALLAHASSEE, FL 32310 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: CAROLYN S. WALLACE 04/29/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: WALLACE, CAROLYN S
Address: 4727-18 CRAWFORDVILLE RD
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: S/T
Name: WALLACE, CAROLYN S
Address: 4727-18 CRAWFORDVILLE RD
City-St-Zip: TALLAHASSEE, FL 32305 US

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: CAROLYN S. WALLACE P 04/29/2010
Electronic Signature of Signing Officer or Director Date