

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013810

Entity Name: TYTREV INSURANCE, INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

2321 STATE ROAD 580
CLEARWATER, FL 33763

New Principal Place of Business:

2321 STATE ROAD 580
A
CLEARWATER, FL 33763

Current Mailing Address:

2321 STATE ROAD 580
CLEARWATER, FL 33763

New Mailing Address:

2321 STATE ROAD 580
A
CLEARWATER, FL 33763

FEI Number: 20-4190327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, STACI
2321 STATE ROAD 580
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

BARBER, CATHERINE H
2321 STATE ROAD 580
A
CLEARWATER, FL 33763 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: CATHERINE H BARBER

01/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARBER, STACI
Address: 2321 STATE ROAD 580
City-St-Zip: CLEARWATER, FL 33763

Title: VP () Delete
Name: BARBER, CATHY
Address: 2321 STATE ROAD 580
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARBER, STACI
Address: 2321 STATE ROAD 580 SUITE A
City-St-Zip: CLEARWATER, FL 33763

Title: VP (X) Change () Addition
Name: BARBER, CATHY
Address: 2321 STATE ROAD 580 SUITE A
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHERINE H BARBER

VP

01/11/2007

Electronic Signature of Signing Officer or Director

Date