

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069267

FILED
Jul 07, 2008
Secretary of State

Entity Name: TARPON COAST INSURANCE, INC.

Current Principal Place of Business:

225 NORTHVIEW STREET
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2221 TAMIAMI TRL
|
PORT CHARLOTTE, FL 33948

Current Mailing Address:

225 NORTHVIEW STREET
PORT CHARLOTTE, FL 33952

New Mailing Address:

2221 TAMIAMI TRL
|
PORT CHARLOTTE, FL 33948

FEI Number: 20-4900002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LORI J
225 NORTHVIEW STREET
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

SMITH, LORI J
118 EASTON DR
PORT CHARLOTTE, FL 33952 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:

07/07/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, LORI J
Address: 225 NORRTHVIEW STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD () Delete
Name: SMITH, LARRY
Address: 225 NORTHVIEW STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, LORI J
Address: 118 EASTON DR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VPD (X) Change () Addition
Name: SMITH, LARRY
Address: 118 EASTON DR
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify 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: LORI SMITH

PD

07/07/2008

Electronic Signature of Signing Officer or Director

Date