

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000077729

1. Entity Name
TOM WHITE INSURANCE SALES, INC.



Principal Place of Business
11904 NICKLAUS CIR.
TAMPA, FL 33624

Mailing Address
11904 NICKLAUS CIR.
TAMPA, FL 33624



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5019136

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, ELMER THOMAS
11904 NICKLAUS CIR.
TAMPA, FL 33624

**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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PS
NAME WHITE, ELMER T.
STREET ADDRESS 11904 NICKLAUS CIR.
CITY-ST-ZIP TAMPA, FL 33624

TITLE VT
NAME ANDERSON, DIANE F.
STREET ADDRESS 11904 NICKLAUS CIR.
CITY-ST-ZIP TAMPA, FL 33624

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U00000801348
02/01/08-80014-010 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane F. Anderson

Date

12/31/07 813-758-1057

Daytime Phone #