

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000146444

Entity Name: TROY FAIN INSURANCE, INC.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5524 APALACHEE PKWY  
TALLAHASSEE, FL 32314

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5077  
TALLAHASSEE, FL 32314

**New Mailing Address:**

FEI Number: 20-5967441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ELLIOTT, TIMOTHY B  
2873 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TAYLOR, DEBRA J  
Address: POST OFFICE BOX 5077  
City-St-Zip: TALLAHASSEE, FL 32314

Title: VD  
Name: SOLOMON, DEBRA  
Address: POST OFFICE BOX 5077  
City-St-Zip: TALLAHASSEE, FL 32314

Title: STD  
Name: DIESTELHORST, JACK  
Address: POST OFFICE BOX 5077  
City-St-Zip: TALLAHASSEE, FL 32314

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: DEBRA J. TAYLOR BY TONYA GODWIN

P

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date