

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060180

FILED
May 03, 2010
Secretary of State

Entity Name: TONYA LOWE INSURANCE AGENCY, INC.

Current Principal Place of Business:

4404 THOMASSON DRIVE
NAPLES, FL 34112

New Principal Place of Business:

10610 S. US HWY 1
PORT ST LUCIE, FL 34952

Current Mailing Address:

4404 THOMASSON DRIVE
NAPLES, FL 34112

New Mailing Address:

10610 S. US HWY 1
PORT ST LUCIE, FL 34952

FEI Number: 30-0423753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, TONYA
4404 THOMASSON DRIVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

LOWE, TONYA
10610 S. US HWY 1
PORT ST LUCIE, FL 34952 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: TONYA LOWE

05/03/2010

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: PVST
Name: LOWE, TONYA
Address: 10610 S. US HWY 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: PVST
Name: LOWE, TONYA
Address: 10610 S. US HWY 1
City-St-Zip: PORT ST LUCIE, FL 34952

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: TONYA LOWE

PVST

05/03/2010

Electronic Signature of Signing Officer or Director

Date