

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036751

FILED
Feb 21, 2011
Secretary of State

Entity Name: RON DENNISON INSURANCE AGENCY INC

Current Principal Place of Business:

8019 N HIMES AVE
SUITE 405
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

8019 N HIMES AVE
SUITE 405
TAMPA, FL 33614

New Mailing Address:

FEI Number: 26-2396855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNISON, RONALD
8019 N HIMES AVE 405
TAMPA, FL 33614 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: DENNISON, RONALD
Address: 16304 E COURSE DR
City-St-Zip: TAMPA, FL 33624

Title: VPTS
Name: DENNISON, RONALD
Address: 16304 E COURSE DR
City-St-Zip: TAMPA, FL 33624

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: RONALD DENNISON

PRES

02/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date