

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052446

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: TAMPA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

202 SOUTH ROME AVE.  
100  
TAMPA, FL 33606

**New Principal Place of Business:**

11049 COUNTRYWAY BLVD  
TAMPA, FL 33626

**Current Mailing Address:**

202 SOUTH ROME AVE.  
100  
TAMPA, FL 33606

**New Mailing Address:**

11049 COUNTRYWAY BLVD  
TAMPA, FL 33626

FEI Number: 26-2931113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FERRENTINO, DAVID D ESQ.  
202 SOUTH ROME AVE.  
100  
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD ( ) Change (X) Addition  
Name: FERRENTINO, SUSAN M  
Address: 11049 COUNTRYWAY BLVD  
City-St-Zip: TAMPA, FL 33626

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: SUSAN M FERRENTINO

PSD

01/28/2009

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

\_\_\_\_\_ Date