

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000056064

FILED
Jan 05, 2011
Secretary of State

Entity Name: TOWN CENTER INSURANCE AGENCY INC.

Current Principal Place of Business:

8784 BOYNTON BEACH BLVD., STE 106
BOYNTON BEACH, FL 33472

New Principal Place of Business:

Current Mailing Address:

8784 BOYNTON BEACH BLVD., STE 106
BOYNTON BEACH, FL 33472

New Mailing Address:

FEI Number: 90-0500252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMOKE, JARRED
8021 EMERALD WINDS CIRCLE
BOYNTON BEACH, FL 33473 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: DOMBECK, PENNY
Address: 10500 NW 67TH CT
City-St-Zip: PARKLAND, FL 33076

Title: VP
Name: SMOKE, JARRED
Address: 250 NE 3RD AVE, APT 312
City-St-Zip: DELRAY BEACH, FL 33444

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: PENNY DOMBECK

PRES

01/05/2011

Electronic Signature of Signing Officer or Director

Date