

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000078719

Entity Name: INSURANCE MEGASTORE, INC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

16050 S TAMIAMI TRAIL #107  
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

16050 S TAMIAMI TRAIL #107  
FT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 27-0971393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

TRANSAMERICA ACCOUNTING & SERVICES, INC.  
2950 WINKLER AVE SUITE 701  
FT MYERS, FL 33916 US

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

TAMBOUREAS, THOMAS  
16050 S. TAMIAMI TRAIL SUITE #107  
FT MYERS, FL 33908 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: THOMAS TAMBOUREAS

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TAMBOUREAS, THOMAS  
Address: 16050 S TAMIAMI TRAIL #107  
City-St-Zip: FT MYERS, FL 33908

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: THOMAS TAMBOUREAS

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date