

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000007205

1. Entity Name
TECHNICAL INSURANCE ANALYSIS, INC.



Principal Place of Business
1605 MAIN STREET
700
SARASOTA, FL 34236 US

Mailing Address
1605 MAIN STREET
700
SARASOTA, FL 34236 US

FILED
Apr 27, 2007 08:00 AM
Secretary of State



03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0467520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON, RENNO L
1605 MAIN STREET
700
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERSON, RENNO L. 1605 MAIN STREET STE 700 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESPERTI, ROBERT A 3561 E. SUNRISE DR # 135 TUCSON, AZ 85718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAHOONE, DAVID K 1605 MAIN ST STE 700 SARASOTA, FL 34236
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05/11/07-80031-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renno L. Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 941-365-4819
Date Daytime Phone #