

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076336

FILED
May 04, 2009
Secretary of State

Entity Name: TOMLINSON INSURANCE GROUP, INC.

Current Principal Place of Business:

258 E ALTAMONTE DR
2002
ALTAMONT SPRINGS, FL 32701 US

New Principal Place of Business:

258 E ALTAMONTE DR
2002
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

10800 SW 38TH DRIVE
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 65-0525355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMLINSON, TODD
258 E ALTAMONTE DRIVE
2002
ALTAMONTE SPRINGS, FL 32701 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TODD, TOMLINSON
Address: 10800 SW 38TH DR
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TODD TOMLINSON

PD

05/04/2009

Electronic Signature of Signing Officer or Director

Date