

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000050438

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: JANET TILLMAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

56 GROVE AVE  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

56 GROVE AVE  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 59-3385691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TILLMAN, JANET  
56 GROVE AVE  
ST. AUGUSTINE, FL 32084 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: D ( ) Delete  
Name: TILLMAN, JANET  
Address: 4568 E. SENECA DR.  
City-St-Zip: JACKSONVILLE, FL 32084

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

Title: D (X) Change ( ) Addition  
Name: TILLMAN, JANET  
Address: 5001 TOTEM CT.  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JANET TILLMAN

D

01/06/2005

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

\_\_\_\_\_  
Date