

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000050438

**FILED**  
**Jan 05, 2011**  
**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:**

TILLMAN, JANET  
5090 ST. AMBROSE CHURCH RD  
ELKTON, FL 32033 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:** JANET TILLMAN

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** TILLMAN, JANET  
**Address:** 5090 ST. AMBROSE CHURCH RD  
**City-St-Zip:** ELKTON, FL 32033

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:** JANET TILLMAN

D

01/05/2011

Electronic Signature of Signing Officer or Director

Date