

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90026 021 \*\*\*150.00

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01092007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P96000074609</b> 1. Entity Name <b>TOM PILLER INSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>2011 BEACH DRIVE SEBRING, FL 33870</b>			Mailing Address <b>2011 BEACH DRIVE SEBRING, FL 33870</b>		
2. Principal Place of Business - No P.O. Box # <b>3601 Sebring Pkwy.</b>		3. Mailing Address <b>3601 Sebring Pkwy.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Sebring, FL 33870</b>		City & State <b>Sebring, FL 33870</b>		4. FEI Number <b>65-0691913</b>	
Zip <b>33870</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PILLER, THOMAS S 2011 BEACH DRIVE SEBRING, FL 33870</b>		7. Name and Address of New Registered Agent Name <b>Robert S. Piller</b> Street Address (P.O. Box Number is Not Acceptable) <b>3601 Sebring Pkwy.</b> City <b>Sebring</b> <b>FL</b> Zip Code <b>33870</b>			
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 <u><i>Robert S. Piller</i></u> <span style="float: right;">1-24-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PILLER, THOMAS S 2011 BEACH DRIVE SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PILLER, REBA A C/O 2011 BEACH DRIVE SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PILLER, ROBERT S 135 N. LAKE REEDY BLVD FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Tom Piller</i></u> <span style="float: right;">863 - 385-3557</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					