

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094235

FILED
Jan 17, 2007
Secretary of State

Entity Name: THEODORE K. TOMBROS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1301 MAJESTIC OAK DR.
APOPKA, FL 327122511

New Principal Place of Business:

604 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

1301 MAJESTIC OAK DR.
APOPKA, FL 327122511

New Mailing Address:

FEI Number: 59-3411413 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PSTD () Delete
Name: TOMBROS, THEODORE K
Address: 604 PALM SPRINGS DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 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: THEODORE K TOMBROS

PSTE

01/17/2007

Electronic Signature of Signing Officer or Director

Date