

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096028

FILED  
Apr 21, 2010  
Secretary of State

**Entity Name:** TOMMY FORD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

260 107TH AVENUE  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

7001 CENTRAL AVENUE  
SUITE# 1  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

260 107TH AVENUE  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

7001 CENTRAL AVENUE  
SUITE# 1  
ST. PETERSBURG, FL 33710

**FEI Number:** 59-3422368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORD, TOMMY  
260-107TH AVE.  
TREASURE ISLAND, FL 33706 US

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

FORD, TOMMY  
12175 - 5TH STREET EAST  
TREASURE ISLAND, FL 33706 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: TOMMY FORD

04/21/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FORD, TOMMY  
Address: 12175 - 5TH STREET EAST  
City-St-Zip: TREASURE ISLAND, FL 33706

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: TOMMY FORD

DP

04/21/2010

Electronic Signature of Signing Officer or Director

Date