

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03815

FILED  
Jan 18, 2010  
Secretary of State

**Entity Name:** FLORIDA INSURANCE EDUCATORS, INC.

**Current Principal Place of Business:**

9503 BOYKIN RD  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

9503 BOYKIN RD  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 59-3106320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TADLOCK, TERRY  
9503 BOYKIN RD  
TALLAHASSEE, FL 32317 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: P  
Name: TADLOCK, TERRY  
Address: 9503 BOYKIN RD.  
City-St-Zip: TALLAHASSEE, FL 32317

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:** TERRY TADLOCK

PRES

01/18/2010

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

\_\_\_\_\_  
Date