

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V03815

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Entity Name:** TLT INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

58 ROYAL POINTE DRIVE  
HILTON HEAD ISLAND, SC 29926

**New Principal Place of Business:**

**Current Mailing Address:**

58 ROYAL POINTE DRIVE  
HILTON HEAD ISLAND, SC 29926

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TADLOCK, TERRY  
Address: 58 ROYAL POINTE DRIVE  
City-St-Zip: HILTON HEAD ISLAND, SC 29926

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

03/24/2012

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

\_\_\_\_\_  
Date