

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002675

Entity Name: ATWOOD INSURANCE AGENCY, INC.

FILED  
Feb 07, 2007  
Secretary of State

## Current Principal Place of Business:

14300 SW 36TH AVENUE ROAD, SUITE A  
OCALA, FL 34474

## New Principal Place of Business:

14300 SW 36TH AVENUE ROAD, SUITE A  
OCALA, FL 34473

## Current Mailing Address:

14300 SW 36TH AVENUE ROAD, SUITE A  
OCALA, FL 34474

## New Mailing Address:

14300 SW 36TH AVENUE ROAD, SUITE A  
OCALA, FL 34473

FEI Number: 65-0887910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATWOOD, USHA  
14300 SW 36TH AVENUE ROAD, SUITE A  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

ATWOOD, USHA  
14300 SW 36TH AVENUE ROAD, SUITE A  
OCALA, FL 34473 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:

02/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: ATWOOD, USHA  
Address: 5154 OKEECHOBEE BOULEVARD #105  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: V ( ) Delete  
Name: ATWOOD, JR., GEORGE G  
Address: 5154 OKEECHOBEE BOULEVARD #105  
City-St-Zip: WEST PALM BEACH, FL 33417

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: ATWOOD, USHA  
Address: 14300 SW 36TH AVE RD #A  
City-St-Zip: Ocala, FL 34473

Title: V (X) Change ( ) Addition  
Name: ATWOOD, JR., GEORGE G  
Address: 14300 SW 36TH AVE RD #A  
City-St-Zip: Ocala, FL 34473

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: USHA ATWOOD

P

02/07/2007

Electronic Signature of Signing Officer or Director

Date