

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000002675

**Entity Name:** ATWOOD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

14300 SW 36TH AVENUE ROAD  
A  
OCALA, FL 34473

**Current Mailing Address:**

14300 SW 36TH AVENUE ROAD  
A  
OCALA, FL 34473

**FEI Number:** 65-0887910

**Certificate of Status Desired:** No

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

ATWOOD, USHA  
14300 SW 36TH AVENUE ROAD,  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PST  
Name ATWOOD, USHA  
Address 14300 SW 36TH AVE RD #A  
City-State-Zip: Ocala FL 34473

Title V  
Name ATWOOD, JR., GEORGE G  
Address 14300 SW 36TH AVE RD #A  
City-State-Zip: Ocala FL 34473

*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:** USHA ATWOOD

**PRESIDENT**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date