

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252781

FILED
Jul 13, 2009
Secretary of State

Entity Name: WILSON INSURANCE AGENCY, INC.

Current Principal Place of Business:

14 W WALL STREET
P.O. BOX 125
FROSTPROOF, FL 33843

New Principal Place of Business:

14 W WALL STREET
FROSTPROOF, FL 33843

Current Mailing Address:

14 W WALL STREET
P.O. BOX 125
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-0941561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CHARLES DON
14 W WALL STREET
FROSTPROOF, FL 33843 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WILLIAMS, NANCY H
Address: 238 DANCY RD
City-St-Zip: FROSTPROOF, FL 33843

Title: PD () Delete
Name: WILLIAMS, CHARLES DON
Address: 1215 PINE AVE S
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES DON WILLIAMS

PD

07/13/2009

Electronic Signature of Signing Officer or Director

Date