

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252781

FILED
Jan 04, 2010
Secretary of State

Entity Name: WILSON INSURANCE AGENCY, INC.

Current Principal Place of Business:

14 W WALL STREET
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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: CHARLES DON WILLIAMS

PD

01/04/2010

Electronic Signature of Signing Officer or Director

Date