

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 258827

1. Entity Name

PRUITT INSURANCE AGENCY, INC.



Principal Place of Business

33 N BABCOCK ST
MELBOURNE, FL 32935 US

Mailing Address

P.O. BOX 360875
MELBOURNE, FL 32936

FILED

Jun 13, 2008 08:00 AM
Secretary of State



06102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1000936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRUITT, LONNIE K
33 N BABCOCK ST
MELBOURNE, FL 32935

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
PRUITT, LONNIE K
33 N BABCOCK ST
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GENOVESE, VANESSA Y
33 N BABCOCK ST
MELBOURNE, FL 32936

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PRUITT, ELAINE M
33 N BABCOCK ST
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953111
06/13/08-80003-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VANESSA Y GENOVESE

6/10/08 321-254-3639

Date

Daytime Phone #