

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 280430
1. Entity Name
PRUETT-WILLIAMS INSURANCE AGENCY, INC.

Principal Place of Business 418 W ALFRED ST PO BOX 1205 TAVARES, FL 32778	Mailing Address 418 W ALFRED ST PO BOX 1205 TAVARES, FL 32778
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1084803	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PRUETT, JAMES T
1960 SUSSEX DR.
MT DORA, FL 32757

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRUETT, JAMES T 1960 SUSSEX DR. MT DORA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, PETER W. 16935 DEER ISLAND RD TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRUETT, MARIE A. 1960 SUSSEX DR. MT.DORA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, JUDITH A. 16935 DEER ISLAND RD TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1000000000303
01/08/04-80004-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James T. Pruett **JAMES T. PRUETT** 1/5/04 352-343-3241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #