


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 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

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1084803

Applied For
 Not Applicable

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

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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, 2005 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 M. 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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 01/06/05-80012-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/4/05 352-343-3241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Phone #