2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 280430

1. Entity Name

PRUETT-WILLIAMS INSURANCE AGENCY, INC.



FILED Jan 22, 2007 08:00 AM Secretary of State

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



01102007

No Chg-P

CR2E034 (11/05)

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

SIGNATURE:

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 alignature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financia, Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		····		
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			U00000597166 01/24/07-80026-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRUETT, MARIE A. 1960 SUSSEX DR. MT.DORA, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, JUDITH A. 16935 DEER ISLAND RD TAVARES, FL			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		
TITLE NAME STREET ADDRESS	16 2 6 7 7 1					
CITY-ST-ZIP			,	•	ipis.	
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 rise empowered.						