

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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



01102008 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**

**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
After May 1, 2008 Fee will be \$550.00**

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

00000781550
01/15/08-80038-021-150.00

10. OFFICERS AND DIRECTORS

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

**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:

James T. Pruett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08 (352) 343-3241

Date

Daytime Phone #