


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
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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 <input type="checkbox"/>	\$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, 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 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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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* **1-11-08 (352) 343-3241**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #