

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 280430

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: PRUETT-WILLIAMS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

418 W ALFRED ST  
PO BOX 1205  
TAVARES, FL 32778

**New Principal Place of Business:**

418 W ALFRED ST  
TAVARES, FL 32778

**Current Mailing Address:**

418 W ALFRED ST  
PO BOX 1205  
TAVARES, FL 32778

**New Mailing Address:**

PO BOX 1205  
TAVARES, FL 32778

FEI Number: 59-1084803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRUETT, JAMES T  
1960 SUSSEX DR.  
MT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

WILLIAMS, PETER M CIC  
16935 DEER ISLAND ROAD  
TAVARES, FL 32778 US

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.

SIGNATURE: PETER M. WILLIAMS

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PRUETT, JAMES T,  
Address: 1960 SUSSEX DR.  
City-St-Zip: MT DORA, FL 00000,

Title: V ( ) Delete  
Name: WILLIAMS, PETER M.,  
Address: 16935 DEER ISLAND RD  
City-St-Zip: TAVARES, FL

Title: S (X) Delete  
Name: PRUETT, MARIE A.,  
Address: 1960 SUSSEX DR.  
City-St-Zip: MT.DORA, FL

Title: T (X) Delete  
Name: WILLIAMS, JUDITH A.,  
Address: 16935 DEER ISLAND RD  
City-St-Zip: TAVARES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: PETER M. WILLIAMS,  
Address: 16935 DEER ISLAND ROAD  
City-St-Zip: TAVARES, FL 32778

Title: S/T (X) Change ( ) Addition  
Name: WILLIAMS, JUDITH A.,  
Address: 16935 DEER ISLAND RD  
City-St-Zip: TAVARES, FL 32778

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER M. WILLIAMS

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date