

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 280430

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** PRUETT-WILLIAMS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

418 W ALFRED ST  
TAVARES, FL 32778

**New Principal Place of Business:**

15820 DORA AVENUE  
SUITE C  
TAVARES, FL 32778

**Current Mailing Address:**

PO BOX 1205  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number: 59-1084803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: PETER M. WILLIAMS

PRES

01/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date