

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 280430

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

15820 DORA AVENUE  
SUITE C  
TAVARES, FL 32778

**New Principal Place of Business:**

**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:**

WILLIAMS, PETER M  
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

01/31/2012

Electronic Signature of Registered Agent

Date

**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

01/31/2012

Electronic Signature of Signing Officer or Director

Date