

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 418349

1. Entity Name
QUEEN & TUCKER INSURANCE INC



Principal Place of Business
**806 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US**

Mailing Address
**4648 WATER OAK LANE
JACKSONVILLE, FL 32210 US**



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1438637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**QUEEN, WILLIAM L.
4648 WATER OAK LANE
JACKSONVILLE, FL 32210**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000225526
02/11/05 80048-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTDC
NAME	QUEEN, WILLIAM L.
STREET ADDRESS	4648 WATER OAK LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VDS
NAME	QUEEN, JO ANN T.
STREET ADDRESS	4648 WATER OAK LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	QUEEN, WILLIAM L JR
STREET ADDRESS	8639 BROWN SUMMIT RD.
CITY-ST-ZIP	RICHMOND, VA 23235
TITLE	D
NAME	QUEEN, LYNN ELLEN
STREET ADDRESS	8639 BROWN SUMMIT
CITY-ST-ZIP	RICHMOND, VA 23235
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-05