


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90105 013 ***150.00

DOCUMENT # 443817
 1. Entity Name
 KING INSURANCE AGENCY OF GAINESVILLE, INC.



Principal Place of Business 2321 NW 41ST STREET GAINESVILLE, FL 32606	Mailing Address 2321 NW 41ST STREET GAINESVILLE, FL 32606
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01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1521941	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
 KING, MALCOLM C
~~2936 NW 9TH PLACE~~ 2488 NW 28th Street
 GAINESVILLE, FL 32605 -3746

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  Malcolm C. King, President 3/01/06
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, 2006 Fee will be \$550.00

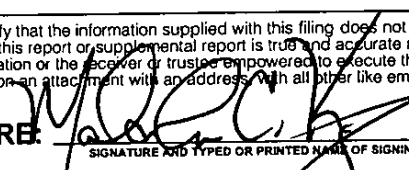
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, MALCOLM CHARLES 2936 NW 9TH PLACE 2488 NW 28th Street GAINESVILLE, FL 32605-3746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, SUSAN INEZ 2936 NW 9TH PLACE 2488 NW 28th Street GAINESVILLE, FL 32605-3746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Whiddon, Daniel L. 5356 NW 9th Lane Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  Malcolm C. King 3/01/06 352-377-0420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #