


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State


DOCUMENT # 483644

1. Entity Name
KILLINGSWORTH AGENCY, INC.



Principal Place of Business 19259 CORTEZ BLVD. P. O. BOX 1750 BROOKSVILLE, FL 34605-1750 US	Mailing Address 19259 CORTEZ BLVD. P. O. BOX 1750 BROOKSVILLE, FL 34605-1750 US
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1622468	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

**WALDRON, DIANNE K.
 19259 CORTEZ BLVD.
 BROOKSVILLE, FL 34601**

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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WALDRON, DIANNE K. 19259 CORTEZ BLVD. BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BATES, LEAH 24203 RICHBARN RD. BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/25/05-80129-004 150.00

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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: *Steven Wald* **4-22-05 352-796-1451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #