


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 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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01062006 No Chg-P CR2E034 (11/05)

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**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	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
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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: *Dianne Waldron* **3-14-06** **352-796-145**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #