

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 483644

FILED
Jan 21, 2009
Secretary of State

Entity Name: KILLINGSWORTH AGENCY, INC.

Current Principal Place of Business:

19259 CORTEZ BLVD.
P. O. BOX 1750
BROOKSVILLE, FL 346051750 US

New Principal Place of Business:

Current Mailing Address:

19259 CORTEZ BLVD.
P. O. BOX 1750
BROOKSVILLE, FL 346051750 US

New Mailing Address:

P.O. BOX 1750
BROOKSVILLE, FL 346051750 US

FEI Number: 59-1622468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WALDRON, DIANNE K.,
Address: 19259 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL

Title: V () Delete
Name: BATES, LEAH
Address: 24203 RICHBARN RD.
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DIANNE WALDRON

PST

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date