

ANNUAL REPORT (AR)

DOCUMENT # 501377

1. Entity Name

TOXEY WHITAKER INSURANCE, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

314 CANAL STREET
P. O. BOX 626
NEW SMYRNA BEACH FL 32168

Mailing Address

314 CANAL STREET
P. O. BOX 626
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1693032

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELOACH, J. BOYD
418 CANAL STREET
NEW SMYRNA BEACH FL 32168

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 terminating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPDP ☐ Delete
NAME WHITAKER, MARTHA, M.
STREET ADDRESS 4020 COWCREEK ROAD
CITY- ST- ZIP EDGEWATER FL 32141

TITLE VPDP ☐ Delete
NAME WHITAKER, MARTHA M.
STREET ADDRESS 4020 COWCREEK ROAD
CITY- ST- ZIP EDGEWATER FL

TITLE VPDP ☐ Delete
NAME WHITAKER, MARTHA M.
STREET ADDRESS 4020 COWCREEK ROAD
CITY- ST- ZIP EDGEWATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000598336
CITY- ST- ZIP 01/24/07-80071-025 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07 846-427-
Date Daytime Phone 5261