


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90026 035 ***150.00

DOCUMENT # 605732 1. Entity Name WAKULLA INSURANCE AGENCY, INC.	
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Principal Place of Business 7 HICKORY AVE CRAWFORDVILLE FL 32327 US	Mailing Address 153 OAK ST CRAWFORDVILLE FL 32327 US
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2. Principal Place of Business 7 Hickory Ave	3. Mailing Address 153 Oak St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crawfordville FL	City & State Crawfordville FL
Zip 32327	Zip 32327
Country Wakulla	Country Wakulla



1st MOORE CR2E034 (10/04)

4. FEI Number 59-1884752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBREE, JOSEPH ALTON 153 OAK ST CRAWFORDVILLE FL 32326	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBREE, ELEANOR S 153 OAK ST CRAWFORDVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBREE, JOSEPH A 153 OAK ST CRAWFORDVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Eleanor S. Barbree 2-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #