

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 635510

W.L. WHITWORTH INSURANCE AGENCY, INC.



Principal Place of Business
660 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701

Mailing Address
660 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1969828
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITWORTH, W.L.
660 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701

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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, 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	PT
NAME	WHITWORTH, ANN W
STREET ADDRESS	400 COVE LAKE CT
CITY-ST-ZIP	LONGWOOD, FLORIDA 00000,
TITLE	D
NAME	WHITWORTH, ANN
STREET ADDRESS	400 COVE LAKE CT
CITY-ST-ZIP	LONGWOOD, FLORIDA 00000,
TITLE	D
NAME	WHITWORTH, KELLEY LYNN
STREET ADDRESS	400 COVE LAKE CT
CITY-ST-ZIP	LONGWOOD, FLORIDA 00000,
TITLE	PT
NAME	WHITWORTH, WN L
STREET ADDRESS	400 COVE LAKE CT
CITY-ST-ZIP	LONGWOOD, FLORIDA 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000379469
01/10/06-80016-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: W.L. Whitworth W.L. Whitworth 1/5/06 407-870-4849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #