


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 691193	
1. Entity Name PRUITT LIFE INSURANCE AGENCY, INC.	

Principal Place of Business	Mailing Address
33 N BABCOCK STREET P.O. BOX 360875 MELBOURNE, FL 32936-0875 US	33 N BABCOCK STREET P.O. BOX 360875 MELBOURNE, FL 32936-0875 US



01032005 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-2102220	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PRUITT, LONNIE K 33 N BABCOCK STREET MELBOURNE, FL 32936

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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRUITT, LONNIE K. 33 N BABCOCK ST MELBOURNE, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PRUITT, LONNIE K 33 N BABCOCK ST MELBOURNE, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRUITT, ELAINE M 33 N BABCOCK MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE: 	LONNIE K. PRUITT	01-04-05 321-254-3639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #