2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 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

DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2102220
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000402165
02/02/06-80075-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PRUITT, LONNIE K.
STREET ADDRESS	33 N BABCOCK ST
CITY-ST-ZIP	MELBOURNE, FL 0,
TITLE	PST
NAME	PRUITT, LONNIE K
STREET ADDRESS	33 N BABCOCK ST
CITY-ST-ZIP	MELBOURNE, FL 0,
TITLE	VP
NAME	PRUITT, ELAINE M
STREET ADDRESS	33 N BABCOCK
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: Lonnie K. Pruitt 01/12/06 321-254-36
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #