

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 691193

FILED
Apr 14, 2009
Secretary of State

Entity Name: PRUITT LIFE INSURANCE AGENCY, INC.

Current Principal Place of Business:

33 N BABCOCK STREET
P.O. BOX 360875
MELBOURNE, FL 329360875 US

New Principal Place of Business:

33 N BABCOCK STREET
MELBOURNE, FL 329360875 US

Current Mailing Address:

33 N BABCOCK STREET
P.O. BOX 360875
MELBOURNE, FL 329360875 US

New Mailing Address:

FEI Number: 59-2102220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUITT, LONNIE K
33 N BABCOCK STREET
MELBOURNE, FL 32936 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PRUITT, LONNIE K.
Address: 33 N BABCOCK ST
City-St-Zip: MELBOURNE, FL 0,

Title: PST () Delete
Name: PRUITT, LONNIE K
Address: 33 N BABCOCK ST
City-St-Zip: MELBOURNE, FL 0,

Title: VP () Delete
Name: PRUITT, ELAINE M
Address: 33 N BABCOCK
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNIE K. PRUITT

PST

04/14/2009

Electronic Signature of Signing Officer or Director

Date