

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #691193

1. Entity Name
PRUITT LIFE INSURANCE AGENCY, INC.



FILED

11 MAY -9 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
33 N BABCOCK STREET
MELBOURNE, FL 32936-0875 US

Mailing Address
33 N BABCOCK STREET
MELBOURNE, FL 32936-0875 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282011 Chg-P CR2E034 (11/08)

City & State

City & State

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2011 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
PRUITT, LONNIE K.
33 N BABCOCK ST
MELBOURNE, FL 0, .

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PST
PRUITT, LONNIE K
33 N BABCOCK ST
MELBOURNE, FL 0,

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
PRUITT, ELAINE M
33 N BABCOCK
MELBOURNE, FL 32935

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/2011

Date

Daytime Phone #

321-254-3689

11000