# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2005**
**Secretary of State**

DOCUMENT# F38040

**Entity Name:** ANNETTE WILLIS, INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

18401 NW 27TH AVE
MIAMI, FL 33056 US

**New Principal Place of Business:**

**Current Mailing Address:**

18401 NW 27 AVE
MIAMI, FL 33056 US

**New Mailing Address:**

**FEI Number: 59-2110981** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIS, LARRY
18401 NW 27TH AVE
MIAMI, FL 33056 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: PD ( ) Delete
Name: WILLIS, ANNETTE,
Address: 371 GOLDEN BEACH DR.
City-St-Zip: MIAMI, FL

Title: V ( ) Delete
Name: WILLIS, JEFF,
Address: 13041 SW 40 ST
City-St-Zip: DAVIE, FL 33330

Title: T ( ) Delete
Name: WILLIS, SCOTT,
Address: 2821 W LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: VS ( ) Delete
Name: WILLIS, LARRY,
Address: 18401 N.W. 27 AVE
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete
Name: WILLIS, DANIEL,
Address: 13799 SW 39ST
City-St-Zip: DAVIE, FL 33330

**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:

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 for the exemption stated in Section 119.07(3)(i), 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: LARRY WILLIS PD 04/14/2005

Electronic Signature of Signing Officer or Director Date