## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F38040

FILED Jan 13, 2009 Secretary of State

Entity Name: ANNETTE WILLIS, INSURANCE AGENCY, INC.

Current P	rincipal Place	of Business:	New Principal Place	e of Business:	
18401 NW MIAMI, FL	27TH AVE 33056 US				
Current Mailing Address:			New Mailing Addre	New Mailing Address: 18401 NW 27TH AVE MIAMI, FL 33056 US	
18401 NW 27 AVE MIAMI, FL 33056 US					
FEI Number:	59-2110981	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
MIAMI, FL The above	27TH AVE 33056 US	submits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
SIGNATUF					
o. o					
		ic Signature of Registered Ager	nt	Date	
Election Car	Electron	ic Signature of Registered Ager  Trust Fund Contribution ( ).	nt	Date	
	Electron	g Trust Fund Contribution ( ).		Date  BES TO OFFICERS AND DIRECTOR	
OFFICERS Title: Name: Address:	Electron	TORS: Delete TE,			
OFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address:	Electron  npaign Financing  S AND DIREC  PD ()  WILLIS, ANNET  371 GOLDEN E  MIAMI, FL	Trust Fund Contribution ( ).  TORS:  Delete TE, EACH DR.  Delete	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR	
	Electron  Inpaign Financing  S AND DIREC  PD ()  WILLIS, ANNET  371 GOLDEN E  MIAMI, FL  V ()  WILLIS, JEFF,  13041 SW 40  DAVIE, FL 333	Trust Fund Contribution ( ).  TORS:  Delete TE, EACH DR.  Delete ST 30  Delete TSTA CIRCLE	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	
OFFICERS  Title: Name: Address: City-St-Zip: Name: Address: City-St-Zip: Title: Name: Address: Address:	Electron  Inpaign Financing  S AND DIREC  PD ()  WILLIS, ANNET  371 GOLDEN E  MIAMI, FL  V ()  WILLIS, JEFF,  13041 SW 40  DAVIE, FL 333  T ()  WILLIS, SCOT  2821 W LAKE N  DAVIE, FL 333	Trust Fund Contribution ( ).  TORS:  Delete TE, EACH DR.  Delete ST 30  Delete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

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: LARRY WILLIS VS 01/13/2009