

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F38040

FILED  
Jan 11, 2010  
Secretary of State

**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 27TH 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  
**Name:** WILLIS, ANNETTE  
**Address:** 371 GOLDEN BEACH DR.  
**City-St-Zip:** MIAMI, FL

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LARRY WILLIS

V

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date