

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 22, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # J59084**

**1. Entity Name**  
LEE C. MCGRUFF AND MACK WILLIAMS INSURANCE  
AGENCY, INC.



**Principal Place of Business**  
3501-A W UNIVERSITY AVE.  
GAINESVILLE, FL 32607

**Mailing Address**  
3501-A W UNIVERSITY AVE.  
GAINESVILLE, FL 32607



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-2770945	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

WILLIAMS, MACK  
3501-A W. UNIVERSITY AVE.  
GAINESVILLE, FL 32607

**DO NOT WRITE  
IN THIS SPACE**

**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 reappointing) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	MCGRUFF, LEE C.
<b>STREET ADDRESS</b>	3501-A W UNIVERSITY AVE.
<b>CITY-ST-ZIP</b>	GAINESVILLE, FL
<b>TITLE</b>	<b>S</b>
<b>NAME</b>	WILLIAMS, MACK
<b>STREET ADDRESS</b>	3501-A W UNIVERSITY AVE.
<b>CITY-ST-ZIP</b>	GAINESVILLE, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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04/06/06-80004-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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 I am empowered.**

**SIGNATURE:** Mack Williams 3/20/06 (352) 371-7977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #