
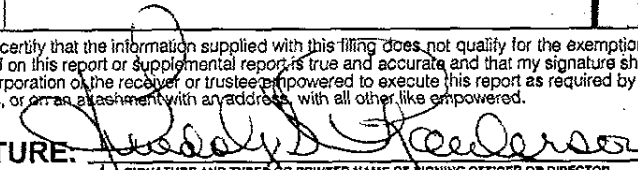


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # K00644			
1. Entity Name SPOONER INSURANCE AGENCY, INC.			
Principal Place of Business 806 N. 15TH ST. IMMOKALEE, FL 34142 US		Mailing Address 806 N. 15TH ST. IMMOKALEE, FL 34142 US	
DO NOT WRITE IN THIS SPACE			
		03172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2861725	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent RAULERSON, GWENDOLYN S 806 N. 15TH ST IMMOKALEE, FL 33934		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	RAULERSON, GWENDOLYN S		
STREET ADDRESS	806 N. 15TH ST		
CITY - ST - ZIP	IMMOKALEE, FL 34142		
TITLE	V		
NAME	RAULERSON, JR., JAMES H		
STREET ADDRESS	806 N. 15TH ST		
CITY - ST - ZIP	IMMOKALEE, FL 34142		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 as an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/14/06 2396572569	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	