2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K23794

FILED Jul 13, 2006 Secretary of State

Entity Name: MUTUAL INSURANCE AGENCY OF NW FLORIDA INC

urrent F	Principal Place of Business:	New Principal Place	of Business:	
	LE DE CASTELAR E, FL 32566 US			
urrent N	Mailing Address:	New Mailing Addres	s:	
	1418 AWER 1418 ON BEACH, FL 32549 US			
El Number	r: 59-2888894 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na		Name and Address of	Name and Address of New Registered Agent:	
15 FULL	ISKI, LURA L MER CIRCLE ON BEACH, FL 32548 US			
15 FULL T WALT he above the Stat	MER CIRCLE ON BEACH, FL 32548 US e named entity submits this statement for th te of Florida.	e purpose of changing its registere	ed office or registered agent, or both,	
15 FULL T WALT he above the Stat	MER CIRCLE ON BEACH, FL 32548 US e named entity submits this statement for th te of Florida.		ed office or registered agent, or both, Date	
15 FULL T WALT The above the Stat SIGNATU	MER CIRCLE ON BEACH, FL 32548 US e named entity submits this statement for th te of Florida. JRE:	Agent		
15 FULL T WALT The above the Stat SIGNATU accordar Section Ca	MER CIRCLE ON BEACH, FL 32548 US e named entity submits this statement for the stat	Agent I not receive the prior notice.		
15 FULL T WALT The above the Stat SIGNATU accordar Section Ca	MER CIRCLE ON BEACH, FL 32548 US e named entity submits this statement for the te of Florida. JRE: Electronic Signature of Registered Ance with s. 607.193(2)(b), F.S., the corporation dicampaign Financing Trust Fund Contribution (). RS AND DIRECTORS: PD () Delete ROOD, RUSSELL E JR 2164 CALLE DE CASTELAR	Agent I not receive the prior notice.	Date	

I hereby certify that the information supplied with this filing does not qualify for the 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: RUSSELL E ROOD JR PD 07/13/2006