2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# K74948

Entity Name: LAY'S INSURANCE AGENCY, INC.

Current Principal Place of Business:

209 MOWAT SCHOOL RD
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

209 MOWAT SCHOOL RD
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 59-2939097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAY, GERTRUDE I.
209 MOWAT SCHOOL RD
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

LAY, GERTRUDE I
209 MOWAT SCHOOL ROAD
LYNN HAVEN, FL 32444 US

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: GERTRUDE I LAY 06/30/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAY, RONALD H.,
Address: 209 MOWAT SCHOOL RD
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD ( ) Delete
Name: LAY, GERTRUDE I.,
Address: 209 MOWAT SCHOOL RD
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAY, RONALD H
Address: 209 MOWAT SCHOOL RD
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD (X) Change ( ) Addition
Name: LAY, GERTRUDE I
Address: 209 MOWAT SCHOOL RD
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERTRUDE I LAY SEC 06/30/2005
Electronic Signature of Signing Officer or Director Date