2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # K76120

1. Entity Name
SANDY WASSON & ASSOCIATES INSURANCE, INC.

Principal Place of Business	Mailing Address
11309 STARKEY RD LARGO, FL 33773	P O BOX 10437 LARGO, FL 33773-0437

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2939267
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WASSON, CHARLES L
10053 -85TH ST N.
LARGO, FL 33777

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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] President 1/11/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CDT
NAME	WASSON, SANDRA
STREET ADDRESS	8381 56TH WAY NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	VPDS
NAME	WASSON, CHARLES
STREET ADDRESS	8381 56TH WAY NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	P
NAME	WASSON, CHARLES III
STREET ADDRESS	10053 85TH ST NO
CITY-ST-ZIP	LARGO, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/05-80037-025 158.75

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: [signature] 1/11/05 727-392-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #