


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000060217 1. Entity Name TERRY NORTHCUTT INSURANCE AGENCY, INC.	
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Principal Place of Business 8532 SW HWY. 200 OCALA, FL 34481	Mailing Address 8532 SW HWY. 200 OCALA, FL 34481
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3655255	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NORTHCUTT, TERRY 8532 SW HWY. 200 OCALA, FL 34481
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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) DATE _____</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTHCUTT, TERRY 3383 NE 31ST AVE. OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORTHCUTT, JAMES M 3383 NE 31ST AVE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCGIAMERY, VICKI L 8802 SW 116TH ST RD OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000238442 02/21/05-80098-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Terry L. Northcutt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>(1/18/05) (352 854 9595)</u> <small>Date Daytime Phone #</small>
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