


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000085453
 1. Entity Name
WADSWORTH INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
6529 STADIUM DR. **6529 STADIUM DR.**
ZEPHYRHILLS, FL 33540 **ZEPHYRHILLS, FL 33540**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3682970 Not Applicable

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

6. Name and Address of Current Registered Agent
HOFFER, SHEILA K
6529 STADIUM DR.
ZEPHYRHILLS, FL 33542

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HOFFER, SHEILA K
STREET ADDRESS	38741 LAUREL OAKS LN
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	V
NAME	HUNTER, BRANDIE K
STREET ADDRESS	5245 HILL DR
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1103000484615
 04/12/06-80050-010 150.00

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 on an attachment, with an address, with all other like empowered.

SIGNATURE: Sheila K. Hoffer 3/24/06 (813) 782-8161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #