2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000024461

1. Entity Name
COLEY WILLIAMS AGENCY, INC.

Principal Place of Business	Mailing Address
3203-B APALACHEE PKWY	3203-B APALACHEE PKWY
TALLAHASSEE, FL 32311	TALLAHASSEE, FL 32311

DO NOT WRITE IN THIS SPACE

02272004   No Chg-P   CR2E034 (10/03)

4. FEI Number | Applied For
02-0557969 | Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, COLEY B
3203-B APALACHEE PKWY
TALLAHASSEE, FL 32311

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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_____ DATE
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

IIINNNN0072309
14/01/04-80106-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, COLEY B
STREET ADDRESS	3203-B APALACHEE PKWY
CITY-ST-ZIP	TALLAHASSEE, FL 32311

TITLE	V
NAME	WILLIAMS, BILL C
STREET ADDRESS	2523-E APALACHEE PKWY
CITY-ST-ZIP	TALLAHASSEE, FL 32301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Coley B Williams_   2-27-04   850-942-8175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #