2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# P06000155594

Entity Name: JEAN L. WILLIAMS INSURANCE, INC.

Current Principal Place of Business:

530 S US 41 BYPASS
UNIT 6A
VENICE, FL 34285

New Principal Place of Business:

530 US HWY 41 BYPASS SOUTH
UNIT 6A
VENICE, FL 34285

Current Mailing Address:

P.O. BOX 1507
VENICE, FL 34284

New Mailing Address:

FEI Number: 20-8109598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARMENTROUT, TERRY L
170 W DEARBORN ST
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, JEAN L
Address: 625 LINDEN ROAD
City-St-Zip: VENICE, FL 34293

Title: VP ( ) Delete
Name: THOMPSON, PATTY L
Address: 625 LINDEN ROAD
City-St-Zip: VENICE, FL 34293

Title: SEC ( ) Delete
Name: THOMPSON, PATTY
Address: 625 LINDEN ROAD
City-St-Zip: VENICE, FL 34293

Title: TREA ( ) Delete
Name: WILLIAMS, THOMAS J
Address: 625 LINDEN ROAD
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: THOMPSON, PATTY L
Address: 625 LINDEN ROAD
City-St-Zip: VENICE, FL 34293

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATTY L. THOMPSON VP 02/11/2009
Electronic Signature of Signing Officer or Director Date