

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155594

FILED  
Apr 20, 2012  
Secretary of State

Entity Name: JEAN L. WILLIAMS INSURANCE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATTY L THOMPSON

VP

04/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date