

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P07000101540

1. Entity Name

ALAN WILLIAMS & ASSOCIATES INSURANCE AGENCY,
INC



Principal Place of Business

13700-1 SIX MILE CYPRESS PKWY
FORT MYERS, FL 33912

Mailing Address

13700-1 SIX MILE CYPRESS PKWY
FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number

26-0880228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ESTHER W
13700-1 SIX MILE CYPRESS PARKWAY
FORT MYERS, FL 33912

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000912936

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/07/08-80091-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, JEFFREY A
STREET ADDRESS	18090 N OLGA RD
CITY-ST-ZIP	ALVA, FL 33920
TITLE	VP
NAME	WILLIAMS, JASON A
STREET ADDRESS	8921 FAWN RIDGE DR
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	WILLIAMS, ESTHER W
STREET ADDRESS	12450 VITTORIA WAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Esther W. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/08

Daytime Phone #

239-418-1100