


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000007589	
1. Entity Name FLOYD SEWELL INSURANCE AGENCY INC	

Principal Place of Business 4540 SOUTHSIDE BLVD. SUITE 1102 JACKSONVILLE, FL 32216-5495	Mailing Address 4540 SOUTHSIDE BLVD. SUITE 1102 JACKSONVILLE, FL 32216-5495
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3156037	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEWELL, FLOYD STATE FARM INSURANCE 4540 SOUTHSIDE BLVD., SUITE 1102 JACKSONVILLE, FL 32216-5495

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEWELL, FLOYD 4540 SOUTHSIDE BOULEVARD, SUITE 1102 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEWELL, HILDA 4540 SOUTHSIDE BOULEVARD, SUITE 1102 JACKSONVILLE, FL
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01/20/05-80090-021 150.00

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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: <i>Bency Floyd Sewell III</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>1-14-2005</i> <small>Date</small>	<i>904-642-2000</i> <small>Daytime Phone #</small>
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