

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 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**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3156037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEWELL, FLOYD
STATE FARM INSURANCE
4540 SOUTHSIDE BLVD., SUITE 1102
JACKSONVILLE, FL 32216-5495**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000591405
01/19/07-00022-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEWELL, FLOYD
STREET ADDRESS	4540 SOUTHSIDE BOULEVARD, SUITE 1102
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	SEWELL, HILDA
STREET ADDRESS	4540 SOUTHSIDE BOULEVARD, SUITE 1102
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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:

R. Floyd Sewell President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2007

Date

904-642-2000

Daytime Phone #