

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000044829

FILED
Feb 28, 2007
Secretary of State

Entity Name: LEWIS & LEWIS INSURANCE AGENCY INC.

Current Principal Place of Business:

1313 WEST HIGHWAY 90
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

101 SW SUWANNEE AVE.
BRANFORD, FL 32008

New Mailing Address:

1313 WEST HIGHWAY 90
LAKE CITY, FL 32055

FEI Number: 59-3315802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, THOMAS D
101 SW SUWANNEE AVE.
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

LEWIS, THOMAS D
1313 WEST HIGHWAY 90
LAKE CITY, FL 32055 US

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: THOMAS DRISCAL LEWIS

02/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, THOMAS D
Address: 26260 HWY 129
City-St-Zip: BRANFORD, FL 32008 US

Title: ST () Delete
Name: LEWIS, MEVELYN L
Address: 26260 HIGHWAY 129
City-St-Zip: BRANFORD, FL 32008 US

Title: VP () Delete
Name: LEWIS, BRIAN T
Address: 137 SE LAND ROAD
City-St-Zip: BRANFORD, FL 32008 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: LEWIS, BRIAN T
Address: 26647 STATE ROAD 247
City-St-Zip: BRANFORD, FL 32008 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MEVELYN LAND LEWIS

ST

02/28/2007

Electronic Signature of Signing Officer or Director

Date