

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000051369
 1. Entity Name
 RONALD L. WILSON INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
 13604 SR 84-SHENANDOAH SQUARE 13604 SR 84-SHENANDOAH SQUARE
 DAVIE, FL 33325 DAVIE, FL 33325

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)
 4. FEI Number 65-0595924 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 WILSON, RONALD L
 13604 SR 84-SHENANDOAH SQUARE
 DAVIE, FL 33325

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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 _____ DATE 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILSON, RONALD L
STREET ADDRESS	13604 SR 84 SHENANDOAH SQUARE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	
NAME	
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CITY-ST-ZIP	

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 04/20/05-80096-014 150.00
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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: Ronald L Wilson DATE: 4/15/05 DAYTIME PHONE #: 954-476-1856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR