


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

| | |
|---|---|
| DOCUMENT # P95000077880 1. Entity Name WILLIAMS AND STAZZONE INSURANCE AGENCY, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 99 N. ATLANTIC AVE. COCOA BEACH, FL 32931 US | Mailing Address 99 N. ATLANTIC AVE. COCOA BEACH, FL 32931 US |
|--|--|

DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0623672 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent WILLIAMS, ROBERT W 99 N ATLANTIC AVE. COCOA BEACH, FL 32931 |
|---|

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |

| | | |
|---|---|--|
| 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 | 1100000267917 03/18/05-80022-005 150.00 |
|---|---|--|

| | |
|--|---|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILLIAMS, ROBERT W 99 N. ATLANTIC AVE. COCOA BEACH, FL 32931 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STAZZONE, JOSEPH 99N. ATLANTIC AVE. COCOA BEACH, FL 32931 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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 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: <u><i>Joseph Stazzone</i></u> PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <u>3/16/05</u> <small>Date</small> | <u></u> <small>Daytime Phone #</small> |
|---|---------------------------------------|---|