

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087809

FILED
Jan 19, 2006
Secretary of State

Entity Name: SOUTHERNMOST INSURANCE AGENCY, INC.

Current Principal Place of Business:

1104 TRUMAN AVE.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1104 TRUMAN AVE.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0625963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUJAN, A WAYNE
1104 TRUMAN AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUJAN, A. WAYNE
Address: 1104 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LUJAN, A. WAYNE MR.
Address: 1104 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

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: A. WAYNE LUJAN

PRES

01/19/2006

Electronic Signature of Signing Officer or Director

_____ Date