

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90027 014 ***150.00

DOCUMENT # P96000011191

1. Entity Name
FERGUSON INSURANCE AGENCY, INC.



Principal Place of Business
**165-A BROOKS STREET
FT WALTON BEACH, FL 32548 US**

Mailing Address
**165-A BROOKS STREET
FT WALTON BEACH, FL 32548 US**

44049237



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3363094

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STOWELL, RANDY L
9700 NINETH STREET NORTH STE 200
ST PETERSBURG, FL 33702**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERGUSON, BILL E
STREET ADDRESS	165 BROOKS STREET, SUITE A
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	ST
NAME	FERGUSON, TIHA R
STREET ADDRESS	165 BROOKS ST., STE A
CITY-ST-ZIP	FT. WALTON BEACH, FL 32948
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*Did Not Receive
first Notice,
Could not find
box to check*

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

July 13, 2004

850-243-8831