

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 59-3363094																									
Zip		Country		Applied For <input type="checkbox"/> Not Applicable																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent STOWELL, RANDY L 9700 NINETH STREET NORTH STE 200 ST PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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, the registered agent.																													
SIGNATURE:			DATE: 9-20-05																										
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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:			DATE: Sept 20, 2005																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #																										

05 SEP 23 PM 3:46
STATE OF FLORIDA



09202005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

59-3363094

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

7. Name and Address of New Registered Agent
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