

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033216

FILED
Mar 10, 2005
Secretary of State

Entity Name: BRIAN LEWIS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1313 WEST US 90
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

1313 WEST US 90
LAKE CITY, FL 32055

New Mailing Address:

101 SW SUWANNEE AVE.
BRANFORD, FL 32008

FEI Number: 59-3448479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, MEVELYN L
101 SW SUWANNEE AVE
BRANFORD, FL 32008 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: DP () Delete
Name: LEWIS, MEVELYN L
Address: 26260 US 129
City-St-Zip: BRANFORD, FL 32008

Title: VP () Delete
Name: LEWIS, BRIAN THOMAS
Address: RT 1 BOX 555
City-St-Zip: BRANFORD, FL 32008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEWIS, BRIAN T
Address: 137 SE LAND ROAD
City-St-Zip: BRANFORD, FL 32008

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MEVELYN L. LEWIS

PRES

03/10/2005

Electronic Signature of Signing Officer or Director

Date