

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035029

Entity Name: TOM WILLIAMS INSURANCE, INC.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

9085 SW 19 AVENUE ROAD
OCALA, FL 344767528

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 770471
OCALA, FL 344770471

New Mailing Address:

FEI Number: 59-3441284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, THOMAS
9085 SW 19 AVE. RD.
OCALA, FL 344767528 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: P () Delete
Name: WILLIAMS, THOMAS C
Address: 9085 SW 19 AVE. RD.
City-St-Zip: OCALA, FL 344767528

Title: VPS () Delete
Name: WILLIAMS, MARCIA K
Address: 9085 SW 19 AVE. RD.
City-St-Zip: OCALA, FL 344767528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: THOMAS C WILLIAMS

P

04/13/2005

Electronic Signature of Signing Officer or Director

Date