2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P98000024624

Entity Name: GAIL WILLIAMS INSURANCE AGENCY INC

Current Principal Place of Business:

5252 W SR 46
SANFORD, FL 32771

New Principal Place of Business:

700 W 25TH STREET
SANFORD, FL 32771

Current Mailing Address:

5252 W SR 46
SANFORD, FL 32771

New Mailing Address:

700 W 25TH STREET
SANFORD, FL 32771

FEI Number: 59-3502626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, GAIL
5252 W SR 46
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

WILLIAMS, GAIL
700 W 25TH STREET
SANFORD, FL 32771 US

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: GAIL WILLIAMS 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, GAIL
Address: 1041 BLOOMSBURY RUN
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: GAIL WILLIAMS PRES 04/29/2009
Electronic Signature of Signing Officer or Director Date