2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000024624

City-St-Zip:

Title: Name:

Address:

City-St-Zip:

TRES

MICKUS, RICHARD

1041 BLOOMSBURY RUN

LAKE MARY, FL 32746

Entity Name: GAIL WILLIAMS INSURANCE AGENCY INC

FILED Apr 04, 2012 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	H STREET), FL 32771			
Current Mailing Address:			New Mailing Address:	
	H STREET), 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:	Name and Address of	New Registered Agent:
	, GAIL H STREET), FL 32771	US		
	named entity of Florida.	submits this statement for the	purpose of changing its registered	I office or registered agent, or both,
SIGNATUF	RE:			
	Electro	nic Signature of Registered Ag	gent	Date
OFFICERS	S AND DIREC	CTORS:		
Title: Name: Address: City-St-Zip:	P WILLIAMS, GA 1041 BLOOMS HEATHROW, F	SBURY RUN		
Title: Name: Address: City-St-Zip:	SEC JACKMAN, CY 1041 BLOOMS LAKE MARY, F	BBURY RUN		

I hereby 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 all other like empowered.

SIGNATURE: GAIL WILLIAMS Ρ 04/04/2012