

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060641

FILED
Apr 13, 2006
Secretary of State

Entity Name: JIM SWALLOWS INSURANCE AGENCY, INC.

Current Principal Place of Business:

244 S. WOODLAND BLVD.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

244 S. WOODLAND BLVD.
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3576835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIVEY, STEPHEN D
230 NE 25TH AVE., SUITE 200
OCALA, FL 34470 US

Name and Address of New Registered Agent:

SWALLOWS, JAMES A
244 S. WOODLAND BLVD.
DELAND, FL 32720 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: JAMES A. SWALLOWS

04/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SWALLOWS, JAMES A
Address: 1505 ROCKINGHAM LANE
City-St-Zip: DELAND, FL 32724

Title: S () Delete
Name: SWALLOWS, ELIZABETH
Address: 1505 ROCKINGHAM LANE
City-St-Zip: DELAND, FL 32724

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 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: ELIZABETH SWALLOWS

S

04/13/2006

Electronic Signature of Signing Officer or Director

Date