2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000098766

1. Entity Name
WOOLSEY INSURANCE AGENCY CORPORATION

FILED
06 MAY 10 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04192006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~1845 E. JOHN SIMS PARKWAY~~ 4524 Hwy 20E NICEVILLE, FL 32578	~~1845 E. JOHN SIMS PARKWAY~~ 4524 Hwy 20E NICEVILLE, FL 32578

2. Principal Place of Business	3. Mailing Address
4524 Highway 20 East	4524 Highway 20 East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Niceville FL	City & State: Niceville FL
Zip: 32578 Country: USA	Zip: 32578 Country: USA

4. FEI Number: 59-3544604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOLSEY, MARK L
~~1845 E. JOHN SIMS PARKWAY~~ 4524 Hwy 20 E
NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4524 Highway 20 East

City: Niceville FL Zip Code: 32578

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☐ Delete WOOLSEY, MARK L ~~1478 OAKMONT PLACE~~ 1385 Sunset Bch. Dr. NICEVILLE, FL 32578	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ☐ Delete WOOLSEY, MARTHA L ~~1478 OAKMONT PLACE~~ 1385 Sunset Bch. Dr. NICEVILLE, FL 32578	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900075218279 05/25/06--01009--002 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete 5/5/06	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-21-06 850-678-0996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #