

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002675

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: ATWOOD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5114 OKEECHOBEE BLVD., SUITE 107  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

5114 OKEECHOBEE BLVD., SUITE 107  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

FEI Number: 65-0887910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATWOOD, USHA  
5114 OKEECHOBEE BLVD., SUITE 107  
WEST PALM BEACH, FL 33417 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: PST ( ) Delete  
Name: ATWOOD, USHA  
Address: 5154 OKEECHOBEE BOULEVARD #105  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: V ( ) Delete  
Name: ATWOOD, JR., GEORGE G  
Address: 5154 OKEECHOBEE BOULEVARD #105  
City-St-Zip: WEST PALM BEACH, FL 33417

**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: USHA ATWOOD

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01/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date