

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016807

Entity Name: WILEY'S INSURANCE, INC.

FILED  
Jan 29, 2011  
Secretary of State

**Current Principal Place of Business:**

483 S. MARION AVE.  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

483 S. MARION AVE.  
LAKE CITY, FL 32025 US

**New Mailing Address:**

FEI Number: 59-3561889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUNTER, WILEY S  
278 NW HARRIS LOOP  
LAKE CITY, FL 32055 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HUNTER, WILEY S  
Address: 278 NW HARRIS LOOP  
City-St-Zip: LAKE CITY, FL 32055

Title: STD  
Name: HUNTER, GAYLE  
Address: 278 NW HARRIS LOOP  
City-St-Zip: LAKE CITY, FL 32055

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: WILEY S HUNTER

PRES

01/29/2011

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

\_\_\_\_\_ Date