

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 29, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # S23997**

**1. Entity Name**  
MARY BETH PRICE INSURANCE AGENCY, INC.



**Principal Place of Business**  
2726 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561

**Mailing Address**  
2726 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32561



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3043450

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PRICE, MARY BETH  
4153 MADURA RD  
GULF BREEZE, FL 32563

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
P  
PRICE, MARY BETH  
4153 MADURA ROAD  
GULF BREEZE, FL 32563

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VPT  
PRICE, MICHAEL D.  
4153 MADURA ROAD  
GULF BREEZE, FL 32563

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
S  
PRICE, PARKER R  
4153 MADURA RD  
GULF BREEZE, FL 32563

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

U00000342610  
04/29/05-80061-019 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Mary Beth Price, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-27-05* *850 932 0709*  
Date Daytime Phone #