

2005 FOR PROFIT CORPORATION
2005 ANNUAL REPORT

DOCUMENT # V20521

1. Entity Name
WILKINS INSURANCE AGENCY, INC.



Principal Place of Business
1245 JONES CREEK ROAD
BRYSON CITY, NC 28713

Mailing Address
1245 JONES CREEK ROAD
BRYSON CITY, NC 28713

FILED
Mar 30, 2005 08:00 AM
Secretary of State



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3114198
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILKINS, LEWIS F.
408 LAKE BLVD.
SANFORD, FL 32773

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000280417
03/30/05-80021-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILKINS, LEWIS F 408 LAKE BLVD. SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

Lewis F. Wilkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/30/05 828-488-8089