

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90050 042 ***150.00

DOCUMENT # 290352

1. Entity Name

FLAGLER COUNTY INSURANCE AGENCY, INC.



Principal Place of Business

405 E. MOODY BLVD.
P.O. BOX 128
BUNNELL FL 32110

Mailing Address

405 E. MOODY BLVD.
P.O. BOX 128
BUNNELL FL 32110

34010003



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1096951**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEAVY, HOWELL V
3580 SO. OCEANSHORE BLVD., UNIT #303
405 E MOODY BLVD, BOX 128
BUNNELL FL 32110-0128

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

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 CP ☐ Delete
NAME PEAVY, HOWELL V
STREET ADDRESS 405 E. MOODY BLVD., BOX 128
CITY-ST-ZIP BUNNELL FL 32110-0128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPS ☐ Delete
NAME PEAVY-ROBERTS, JANET
STREET ADDRESS PO BOX 2857
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KELLY, BEVERLY A
STREET ADDRESS P O BOX 382 NA
CITY-ST-ZIP BUNNELL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ROBERTS, RICHARD
STREET ADDRESS PO BOX 2857
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME WADE, JANET
STREET ADDRESS PO BOX 2389
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Howell V. Peavy, Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-2004

386-437-3392

Date

Daytime Phone #