

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290352

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: FLAGLER COUNTY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-1096951      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PEAVY, HOWELL V  
3580 SO. OCEANSHORE BLVD., UNIT #303  
405 E MOODY BLVD, BOX 128  
BUNNELL, FL 321100128 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: CP ( ) Delete  
Name: PEAVY, HOWELL V,  
Address: 405 E. MOODY BLVD., BOX 128  
City-St-Zip: BUNNELL, FL 321100128

Title: VPS ( ) Delete  
Name: PEAVY-ROBERTS, JANET  
Address: PO BOX 2857  
City-St-Zip: BUNNELL, FL 32110

Title: T ( ) Delete  
Name: KELLY, BEVERLY A  
Address: P O BOX 382 NA  
City-St-Zip: BUNNELL, FL

Title: VP ( ) Delete  
Name: ROBERTS, RICHARD  
Address: PO BOX 2857  
City-St-Zip: BUNNELL, FL 32110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: COATES, NORMA M.  
Address: 46 HUNTMASER CT.  
City-St-Zip: ORMOND BEACH, FL 32174

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 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 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: NORMA M. COATES

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03/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date