

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

FLAGLER COUNTY INSURANCE AGENCY
RECEIVED

JAN 17 2006



DOCUMENT # 290352
 1. Entity Name
FLAGLER COUNTY INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
405 E. MOODY BLVD. **405 E. MOODY BLVD.**
P.O. BOX 128 **P.O. BOX 128**
BUNNELL FL 32110 **BUNNELL FL 32110**

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**

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
PEAVY, HOWELL V
3580 SO. OCEANSHORE BLVD., UNIT #303
405 E MOODY BLVD, BOX 128
BUNNELL FL 32110-0128

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

TITLE	CP	<input type="checkbox"/> Delete
NAME	PEAVY, HOWELL V	
STREET ADDRESS	405 E. MOODY BLVD., BOX 128	
CITY-ST-ZIP	BUNNELL FL 32110-0128	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PEAVY-ROBERTS, JANET	
STREET ADDRESS	PO BOX 2857	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	T	<input type="checkbox"/> Delete
NAME	COATES, NORMA M.	
STREET ADDRESS	46 HUNTMASER CT.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROBERTS, RICHARD	
STREET ADDRESS	PO BOX 2857	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1100000440310
 03/02/06 80036-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Norma Coates* 2/16/06