# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 04, 2008 8:00 am**
**Secretary of State**
02-04-2008 90036 016 ***158.75

DOCUMENT # 290352

1. Entity Name

FLAGLER COUNTY INSURANCE AGENCY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 405 E, MOODY BLVD.<br>P.O. BOX 128<br>BUNNELL FL 32110 | 405 E, MOODY BLVD.<br>P.O. BOX 128<br>BUNNELL FL 32110 |

1st MOORE CR2E034 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 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**

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: Richard W. Roberts
Street Address (P.O. Box Number is Not Acceptable): 807 Arbor Glen Ct.
City: Ormond Beach FL Zip Code: 32174

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when name changed)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | CPD<br>ROBERTS, RICHARD WYLLYS<br>P.O. BOX 2857<br>BUNNELL FL 32110-0128 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPS<br>PEAVY-ROBERTS, JANET<br>PO BOX 2857<br>BUNNELL FL 32110 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VST<br>ROBERTS, JANET PEAVY<br>P.O. BOX 2857<br>BUNNELL FL 32110 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ROBERTS, RICHARD<br>PO BOX 2857<br>BUNNELL FL 32110 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #