

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290352

FILED
Jan 05, 2009
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:

406 E, MOODY BLVD.
BUNNELL, FL 32110

Current Mailing Address:

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

New Mailing Address:

PO BOX 128
BUNNELL, FL 32110

FEI Number: 59-1096951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, RICHARD W
807 ARBOR GLEN CT
ORMOND BEACH, FL 32174 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: CPD () Delete
Name: ROBERTS, RICHARD WYLLYS
Address: P.O. BOX 2857
City-St-Zip: BUNNELL, FL 321100128

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

Title: VST () Delete
Name: ROBERTS, JANET PEAVY
Address: P.O. BOX 2857
City-St-Zip: BUNNELL, FL 32110

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: ROBERTS, RICHARD WYLLYS
Address: P.O. BOX 2857
City-St-Zip: BUNNELL, FL 32110

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD W. ROBERTS

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date