

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290352

FILED  
Jan 27, 2010  
Secretary of State

**Entity Name:** FLAGLER COUNTY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

406 E, MOODY BLVD.  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 128  
BUNNELL, FL 32110

**New Mailing Address:**

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  
Name: ROBERTS, RICHARD WYLLYS  
Address: P.O. BOX 2857  
City-St-Zip: BUNNELL, FL 32110

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: RICHARD. W. ROBERTS

VP

01/27/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date