

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 525902

FILED
Mar 05, 2009
Secretary of State

Entity Name: FRANK SLAUGHTER INSURANCE AGENCY, INC.

Current Principal Place of Business:

820 S MAIN ST
WILDWOOD, FL 347858179

New Principal Place of Business:

Current Mailing Address:

PO BOX 1179
WILDWOOD, FL 347858179

New Mailing Address:

FEI Number: 59-1723478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAUGHTER, S.F. III
820 S MAIN STR
WILDWOOD, FL 34785 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: STD () Delete
Name: SLAUGHTER, S.F. III
Address: 3554 C/R 216
City-St-Zip: OXFORD, FL 34484

Title: VD () Delete
Name: SLAUGHTER, S F, III,
Address: 3554 C/R 216
City-St-Zip: OXFORD, FL 34484

Title: PD () Delete
Name: SLAUGHTER, S.F. III
Address: 3554 C/R 216
City-St-Zip: OXFORD, FL 34484

Title: VP () Delete
Name: SLAUGHTER, LOUISE
Address: 3554 CR 216
City-St-Zip: OXFORD, FL 34484

Title: TREA () Delete
Name: TAYLOR, ANGELA C
Address: 3562 CR 222
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANGELA C TAYLOR

TREA

03/05/2009

Electronic Signature of Signing Officer or Director

Date