

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 525902

FILED  
May 06, 2010  
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  
**Name:** SLAUGHTER, S.F. III  
**Address:** 3554 C/R 216  
**City-St-Zip:** OXFORD, FL 34484

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

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

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

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

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:** ANGELA C TAYLOR

TREA

05/06/2010

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

\_\_\_\_\_  
Date