

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000307

Entity Name: REGIONS AGENCY, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

60 COMMERCE STREET
MONTGOMERY, AL 36104 US

Current Mailing Address:

60 COMMERCE STREET
MONTGOMERY, AL 36104 US

New Principal Place of Business:

60 COMMERCE STREET
3RD FLOOR
MONTGOMERY, AL 36104 US

New Mailing Address:

60 COMMERCE STREET
3RD FLOOR
MONTGOMERY, AL 36104 US

FEI Number: 63-0635612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CD () Delete
Name: BOWLIN, DAVID L
Address: 60 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104 US

Title: PD () Delete
Name: HARPER, JR., WILLIAM A
Address: 60 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104 US

Title: D () Delete
Name: STYLES, JOEL R
Address: 60 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104

Title: COOD () Delete
Name: GORDON, JOSEPH C
Address: 60 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104

Title: DST () Delete
Name: GREENE, JULIE N
Address: 60 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: HARPER, WILLIAM A JR.
Address: 60 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104 US

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: JULIE N GREENE

DST

04/29/2009

Electronic Signature of Signing Officer or Director

Date