

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001676

Entity Name: STARKE LIFE AGENCY, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

210 COMMERCE STREET
MONTGOMERY, AL 36104

New Principal Place of Business:

Current Mailing Address:

210 COMMERCE STREET
MONTGOMERY, AL 36104

New Mailing Address:

FEI Number: 63-0840442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, CHRISTOPHER T
1970 OTTER WAY
PALM HARBOR, FL 34635 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: PD () Delete
Name: STARKE, BOLLING P JR
Address: 210 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104

Title: SD () Delete
Name: STARKE, BOLLING P III
Address: 210 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104

Title: VD () Delete
Name: ELLIOT, LAWRENCE R
Address: 210 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104

Title: D () Delete
Name: HARRIS, CHARLES A III
Address: 210 COMMERCE STREET
City-St-Zip: MONTGOMERY, AL 36104

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:

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: GARY HARKER

ARC

01/09/2009

Electronic Signature of Signing Officer or Director

Date