

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000001819	
1. Entity Name MARION INSURANCE AGENCY, INC.	

Principal Place of Business 27299 RIVER VIEW CENTER BLVD #207 BONITA SPRINGS, FL 34134	Mailing Address 27299 RIVER VIEW CENTER BLVD #207 BONITA SPRINGS, FL 34134
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1778861	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CULLEY, JAMES K.
27299 RIVERVIEW CENTER BLVD #207
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CULLEY, JAMES K. 27299 RIVERVIEW CENTER BLVD #207 BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CULLEY, TERESA A 27299 RIVERVIEW CENTER BLVD #207 BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CULLEY, JAMES C 27299 RIVERVIEW CENTER BLVD #207 BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CULLEY, SANDRA 27299 RIVERVIEW CENTER BLVD #207 BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Culley* **Sandra Culley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05 237-498-7111
Date Daytime Phone #