2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# F93000001819

Entity Name: MARION INSURANCE AGENCY, INC.

Current Principal Place of Business:

27970 CROWN LAKE BLVD
#3
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

27970 CROWN LAKE BLVD
#3
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 35-1778861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULLEY, JAMES
27970 CROWN LAKE BLVD
#3
BONITA SPRINGS, FL 34135 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: PT
Name: CULLEY, JAMES K.
Address: 27970 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S
Name: CULLEY, TERESA A
Address: 27970 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP
Name: CULLEY, JAMES C
Address: 27970 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S
Name: CULLEY, SANDRA
Address: 27970 CROWN LAKE BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

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: SANDRA CULLEY S 04/06/2010

Electronic Signature of Signing Officer or Director — Date