

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001819

FILED  
Jan 18, 2011  
Secretary of State

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

**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

01/18/2011

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

\_\_\_\_\_  
Date