


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # G72864 1. Entity Name SUWANNEE INSURANCE AGENCY, INC.	
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Principal Place of Business 1720 OHIO AVENUE NORTH LIVE OAK, FL 32064	Mailing Address 1720 OHIO AVENUE NORTH LIVE OAK, FL 32064
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2347242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, STEVEN W., CPA
 325 S. OHIO AVENUE
 LIVE OAK, FL 32064

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000872652 04/10/08-80046-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHENS, CHARLES M. 6817 CR 249 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC CANNON, WILLIAM T 6823 C.R. 249 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHENS, LISA M 6817 CR 249 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CANNON, CHARLOTTE P 6823 C.R. - 249 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Charles M. Stephens **3/26/08** **386-364-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #