

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G72864

FILED
Sep 18, 2009
Secretary of State**Entity Name:** SUWANNEE INSURANCE AGENCY, INC.**Current Principal Place of Business:**1720 OHIO AVENUE NORTH
LIVE OAK, FL 32064**New Principal Place of Business:****Current Mailing Address:**1720 OHIO AVENUE NORTH
LIVE OAK, FL 32064**New Mailing Address:****FEI Number:** 59-2347242**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**COLLINS, STEVEN W., CPA
325 S. OHIO AVENUE
LIVE OAK, FL 32064 US**Name and Address of New Registered Agent:**COLLINS, STEVEN W., CPA
325 OHIO AVENUE SOUTH
LIVE OAK, FL 32064 US

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

09/18/2009

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: STEPHENS, CHARLES M.
Address: 6817 CR 249
City-St-Zip: LIVE OAK, FL 32060

Title: PDC () Delete
Name: CANNON, WILLIAM T
Address: 6823 C.R. 249
City-St-Zip: LIVE OAK, FL 32060

Title: SD (X) Delete
Name: STEPHENS, LISA M
Address: 6817 CR 249
City-St-Zip: LIVE OAK, FL 32060

Title: TD (X) Delete
Name: CANNON, CHARLOTTE P
Address: 6823 C.R. - 249
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDCS (X) Change () Addition
Name: STEPHENS, LISA M PDCS
Address: 6817 C.R. 249
City-St-Zip: LIVE OAK, FL 32060

Title: VDT (X) Change () Addition
Name: STEPHENS, CHARLES M
Address: 6823 C.R. 249
City-St-Zip: LIVE OAK, FL 32060

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: LISA M. STEPHENS

Electronic Signature of Signing Officer or Director

PDCS

09/18/2009

Date