

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48895

Entity Name: AVION INSURANCE AGENCY INC.

FILED
Mar 15, 2005
Secretary of State

Current Principal Place of Business:

100 STARPORT WAY
SANFORD, FL 32773

New Principal Place of Business:

1160 SPINNER LANE
SANFORD, FL 32773

Current Mailing Address:

100 STARPORT WAY
SANFORD, FL 32773

New Mailing Address:

1160 SPINNER LANE
SANFORD, FL 32773

FEI Number: 59-2523087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANGEVIN, SCOTT
5486 WHISPERING MEADOWS CT.
SANFORD, FL 32771 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: P () Delete
Name: LANGEVIN, ROBERT E.,
Address: 5486 WHISPERING MEADOWS CT
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: LANGEVIN, SCOTT M
Address: 5486 WHISPERING MEADOWS CT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: SCOTT LANGEVIN

VP

03/15/2005

Electronic Signature of Signing Officer or Director

Date