

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H48895

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** AVION INSURANCE AGENCY INC.

**Current Principal Place of Business:**

4110 CENTERLINE LANE  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

4110 CENTERLINE LANE  
SANFORD, FL 32773

**New Mailing Address:**

**FEI Number:** 59-2523087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGEVIN, SCOTT  
1847 OAKBROOK DRIVE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

LANGEVIN, SCOTT PRES.  
1847 OAKBROOK DRIVE  
LONGWOOD, FL 32779 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:** SCOTT LANGEVIN

02/24/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** LANGEVIN, SCOTT M PRES  
**Address:** 1847 OAKBROOK DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

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:** SCOTT LANGEVIN

PRES

02/24/2010

Electronic Signature of Signing Officer or Director

Date