

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K14204

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** SOUTHERN NATIONAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3219 LEROY STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3219 LEROY STREET  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-2874486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, ALICE  
3309 EL AMADOR COURT  
TAMPA, FL 33614 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: PD  
Name: WARD, ALICE  
Address: 3309 EL AMADOR COURT  
City-St-Zip: TAMPA, FL 33614 US

Title: VD  
Name: WARD, ALYSSA  
Address: 3309 EL AMADOR COURT  
City-St-Zip: TAMPA, FL 33614 US

Title: STD  
Name: WARD, CHARLES E.  
Address: 3309 EL AMADOR COURT  
City-St-Zip: TAMPA, FL 33614 US

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: ALICE WARD

PD

04/30/2011

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

\_\_\_\_\_  
Date