

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000041513

1. Entity Name
EMERY A. ABSHIER INSURANCE AGENCY, INC.



FILED

05 DEC 21 PM 5:15

Principal Place of Business
6006 S.E. ABSHIER BOULEVARD
BELLEVUE, FL 34420

Mailing Address
6006 S.E. ABSHIER BOULEVARD
BELLEVUE, FL 34420

Handwritten initials

SECRET
TALLAHASSEE, FL



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10122005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3639558

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUHN, DANIEL
3080 SE 50TH PLACE
OCALA, FL 34480

Name Clayton K. Ellis
Street Address (P.O. Box Number is Not Acceptable)

2410 SE 36th Ave.

City Ocala

FL

Zip Code 34471

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Handwritten signature

12/15/05

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ABSHIER, EMERY A
STREET ADDRESS 6006 S.E. ABSHIER BOULEVARD
CITY-ST-ZIP BELLEVUE, FL 34420 ☐ Delete

TITLE Secretary
NAME Selena V. Abshier
STREET ADDRESS 6006 SE Abshier Blvd.
CITY-ST-ZIP Belleview, FL 34420 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/05

Date

3522452423

Daytime Phone #