

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082721

FILED
Mar 24, 2009
Secretary of State

Entity Name: SOUTHERN INSURANCE AGENCY OF CHIEFLAND INC.

Current Principal Place of Business:

4 WEST PARK AVE
SUITE 3
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

4 WEST PARK AVE
SUITE 3
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 41-2138404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, JAMES A
4 WEST PARK AVE
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

BAKER, JAMES A
4 WEST PARK AVE
SUITE 3
CHIEFLAND, FL 32626 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: JAMES A BAKER

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAKER, JAMES A
Address: 11291 NW 100TH AVE
City-St-Zip: CHIEFLAND, FL 32626

Title: VP () Delete
Name: BAKER, KIMBERLY P
Address: 11291 NW 100TH AVENUE
City-St-Zip: CHIEFLAND, FL 32626

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 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: JAMES A BAKER

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date