

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007589

FILED
Jan 19, 2009
Secretary of State

Entity Name: FLOYD SEWELL INSURANCE AGENCY INC

Current Principal Place of Business:

4540 SOUTHSIDE BLVD.
SUITE 1102
JACKSONVILLE, FL 322165495

New Principal Place of Business:

Current Mailing Address:

4540 SOUTHSIDE BLVD.
SUITE 1102
JACKSONVILLE, FL 322165495

New Mailing Address:

FEI Number: 59-3156037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEWELL, FLOYD
STATE FARM INSURANCE
4540 SOUTHSIDE BLVD., SUITE 1102
JACKSONVILLE, FL 322165495 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: SEWELL, FLOYD
Address: 4540 SOUTHSIDE BOULEVARD, SUIE 1102
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: V () Delete
Name: SEWELL, HILDA
Address: 4540 SOUTHSIDE BOULEVARD, SLUIE 1102
City-St-Zip: JACKSONVILLE, FL 32216 US

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: FLOYD SEWELL

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date