

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000033433**

1. Entity Name

**SOUTHERN HOMES INSURANCE AGENCY, INC.**



Principal Place of Business

**12788 US HWY 90 W  
LIVE OAK, FL 32060**

Mailing Address

**12788 US HWY 90 W  
LIVE OAK, FL 32060**



03312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3242978** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HALEY, WILLIAM J  
116 NW COLUMBIA AVE  
LAKE CITY, FL 32055**

**DO NOT WRITE  
IN THIS SPACE**

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 D/E if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

1100000507561  
04/27/06-80068-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRIER, WAYNE
STREET ADDRESS	12788 US HWY 90 W
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	FRIER, TODD
STREET ADDRESS	12788 US HWY 90 W
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	FRIER, MATTHEW W
STREET ADDRESS	12788 US HWY 90 W
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

*Todd Frier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/06  
Date

386-362-2720  
Daytime Phone #