

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90107 017 ***150.00

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1. Entity Name
SOUTHERN INSURANCE ASSOCIATES, INC.



Principal Place of Business
500 N STATE ST
BUNNELL, FL 32110

Mailing Address
PO BOX 2150
BUNNELL, FL 32110 US

50003344



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3287981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OSLEN, SCOTT
4244 N OCEANSHORE BV
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ADAMS, EMMA
STREET ADDRESS 32 BREEZE HILL LN
CITY - ST - ZIP PALM COAST, FL 32137

TITLE VP ☐ Delete
NAME OLSEN, SCOTT
STREET ADDRESS 4244 N OCEAN SH BV
CITY - ST - ZIP PALM COAST, FL 32137

TITLE S ☐ Delete
NAME OLSEN, ELIZABETH
STREET ADDRESS 4244 N OCEAN SH BV
CITY - ST - ZIP PALM COAST, FL 32137

TITLE T ☐ Delete
NAME ADAMS, THEODORE
STREET ADDRESS 32 BREEZE HILL LN
CITY - ST - ZIP PALM COAST, FL 32137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: EMMA ADAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05 386 437 0707
Date Daytime Phone #