

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63895

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE INSURANCE AGENCY OF BUNNELL, INC.

Current Principal Place of Business:

103 S STATE ST
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P O BOX 940
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 65-0269303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEVE
103 S. STATE ST.
BUNNELL, FL 32110 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: SMITH, STEVE
Address: 103 S STATE ST
City-St-Zip: BUNNELL, FL

Title: V () Delete
Name: BITNER, SUELLEN
Address: 1866 S RIDGEWOOD AVE
City-St-Zip: S DAYTONA, FL 32119

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: SUELLEN BITNER

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date