

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S63895

**FILED**  
**Jan 28, 2011**  
**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, STEVE  
Address: 103 S STATE ST  
City-St-Zip: BUNNELL, FL

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

I hereby 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 all other like empowered.

SIGNATURE: STEVE SMITH

P

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date