

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87636

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** SOUTHERN ASSURANCE GROUP, INC.

**Current Principal Place of Business:**

4115 GREENTREE AVENUE  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15414566  
SIOUX FALLS, SD 57186

**New Mailing Address:**

**FEI Number:** 65-0290885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOHL-HELBIG, LAUREN  
1800 SECOND STREET  
SUITE 901  
SARASOTA, FL 34236 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: TSPD ( ) Delete  
Name: CURSHEN, JONATHAN  
Address: 4115 GREENTREE AVENUE  
City-St-Zip: SARASOTA, FL 34233 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** JONATHAN CURSHEN

TSPD

01/13/2009

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

\_\_\_\_\_  
Date