2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V03915

1. Entity Name
SOUTH MARION INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
5713 SE ABSHIER BLVD BELLEVIEW, FL 34420 US	PO BOX 3220 BELLEVIEW, FL 34421 US

01282004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3097831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAFRANCE, ELAINE C.
5713 SE ABSHIER BLVD.
BELLEVIEW, FL 34420

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 *Elaine C. Lafrance, President*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 3-12-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000088466
03/15/04--80052-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	LAFRANCE, ELAINE C.	
STREET ADDRESS	5713 SE ABSHIER BLVD.	
CITY-ST-ZIP	BELLEVIEW, FL	
TITLE	ST	
NAME	BIELLING, EDWARD R.	
STREET ADDRESS	176 LITTLE LAKE ORANGE DR.	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE	V	
NAME	BIELLING, VIVIAN M.	
STREET ADDRESS	176 LITTLE LAKE ORANGE DR.	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: ✓ *Elaine C. Lafrance, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓3-12-04
Date

✓352-245-1128
Daytime Phone #