

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # V03915**

1. Entity Name  
**SOUTH MARION INSURANCE AGENCY, INC.**



Principal Place of Business  
**5713 SE ABSHIER BLVD  
BELLEVIEW, FL 34420 US**

Mailing Address  
**PO BOX 3220  
BELLEVIEW, FL 34421 US**



01092006 No Chg-P CR2E034 (11/05)

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000385566  
01/18/06-80021-020 150.00**

**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 exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Elaine C. LaFrance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELAINE C. LAFRANCE**

**1-12-06**

**352-245-1128**  
Daytime Phone #