

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90047 007 ***150.00

DOCUMENT # V03915

1. Entity Name
SOUTH MARION INSURANCE AGENCY, INC.



Principal Place of Business

**5713 SE ABSHIER BLVD
BELLEVUE, FL 34420 US**

Mailing Address

**PO BOX 3220
BELLEVUE, FL 34421 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007

Chg-P

CR2E034 (12/06)

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.
BELLEVUE, FL 34420**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9994 SE 167th Lane

City

Summerfield

FL

Zip Code

34491

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAFRANCE, ELAINE C.	
STREET ADDRESS	5713 SE ABSHIER BLVD.	
CITY-ST-ZIP	BELLEVUE, FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BIELLING, EDWARD R.	
STREET ADDRESS	176 LITTLE LAKE ORANGE DR.	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BIELLING, VIVIAN M.	
STREET ADDRESS	176 LITTLE LAKE ORANGE DR.	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9994 SE 167th Lane
CITY-ST-ZIP	Summerfield FL 34491
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elaine C. LaFrance

ELAINE C. LaFrance

1-8-07

1-352-245-1128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #