

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03915

FILED
Jan 05, 2009
Secretary of State

Entity Name: SOUTH MARION INSURANCE AGENCY, INC.

Current Principal Place of Business:

5713 SE ABSHIER BLVD
BELLEVIEW, FL 34420 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3220
BELLEVIEW, FL 34421 US

New Mailing Address:

FEI Number: 59-3097831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFRANCE, ELAINE C.
9994 SE 167TH LANE
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

LAFRANCE, ELAINE C
9994 SE 167TH LANE
SUMMERFIELD, FL 34491 US

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: ELAINE C LAFRANCE

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFRANCE, ELAINE C.,
Address: 9994 SE 167TH LANE
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFRANCE, ELAINE C
Address: 9994 SE 167TH LANE
City-St-Zip: SUMMERFIELD, FL 34491

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: ELAINE C LAFRANCE

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date