

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 290352

**Entity Name:** FLAGLER COUNTY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

406 E, MOODY BLVD.  
BUNNELL, FL 32110

**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC3606097019**

**Current Mailing Address:**

PO BOX 128  
BUNNELL, FL 32110

**FEI Number: 59-1096951**

**Certificate of Status Desired: Yes**

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

ROBERTS, RICHARD W  
807 ARBOR GLEN CT  
ORMOND BEACH, FL 32174 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CPD  
Name ROBERTS, RICHARD WYLLYS  
Address P.O. BOX 2857  
City-State-Zip: BUNNELL FL 32110

Title VPS  
Name PEAVY-ROBERTS, JANET  
Address PO BOX 2857  
City-State-Zip: BUNNELL FL 32110

Title VST  
Name ROBERTS, JANET PEAVY  
Address P.O. BOX 2857  
City-State-Zip: BUNNELL FL 32110

Title VP  
Name ROBERTS, RICHARD  
Address PO BOX 2857  
City-State-Zip: BUNNELL FL 32110

*I hereby 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 all other like empowered.*

**SIGNATURE: RICHARD ROBERTS**

**PRESIDENT**

**01/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date