

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S63895

**Entity Name:** THE INSURANCE AGENCY OF BUNNELL, INC.

**Current Principal Place of Business:**

104 S STATE ST  
BUNNELL, FL 32110

**Current Mailing Address:**

P O BOX 940  
BUNNELL, FL 32110 US

**FEI Number: 65-0269303**

**Certificate of Status Desired: No**

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

SMITH, STEVE  
104 S. STATE ST.  
BUNNELL, FL 32110 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 P  
Name SMITH, STEPHEN  
Address 104 S STATE ST  
City-State-Zip: BUNNELL FL 32110

Title VP  
Name BITNER, SUELLEN  
Address 37 CEDAR ST  
City-State-Zip: PORT ORANGE FL 32127

*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: STEPHEN SMITH**

**PRESIDENT**

**01/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date