

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 317805

FILED
Feb 16, 2011
Secretary of State

Entity Name: HILLEGASS INSURANCE AGENCY, INC.

Current Principal Place of Business:

415 N 3RD ST
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

415 N 3RD ST
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 59-1205717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEGASS, MICHAEL
415 N 3RD ST
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HILLEGASS, MICHAEL
Address: 415 N THIRD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250 US

Title: ST
Name: HILLEGASS, MICHELE
Address: 415 N THIRD ST
City-St-Zip: JACKSONVILLE BCH, FL 32250 US

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: MICHAEL HILLEGASS

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date