


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90017 012 \*\*\*150.00

DOCUMENT # P0000023396 1. Entity Name HAWTHORNE INSURANCE AGENCY, INC.	
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Principal Place of Business 6800 SE US HWY 301 HAWTHORNE, FL 32640	Mailing Address P.O. BOX 1952 HAWTHORNE, FL 32640
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**DO NOT WRITE IN THIS SPACE**

40012515



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3634205	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MILLS, GINI L 6800 SE US HWY 301 HAWTHORNE, FL 32640
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, GINI L 6800 SE US HWY 301 HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Boles, Donna 21624 SE 197th Street Island Grove FL 32654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Tammy Scott 5929 SE 229th Terr Hawthorne FL 32640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: <u>Donna J. Boles</u> <u>Donna J. Boles</u>	Date: <u>1/24/08</u>	Daytime Phone #: <u>352-481-3534</u>
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