

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023396

FILED
Apr 10, 2012
Secretary of State

Entity Name: HAWTHORNE INSURANCE AGENCY, INC.

Current Principal Place of Business:

6800 SE US HWY 301
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 429
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 59-3634205 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MILLS, GINI L
6800 SE US HWY 301
HAWTHORNE, FL 32640 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: P
Name: MILLS, GINI L
Address: 6800 SE US HWY 301
City-St-Zip: HAWTHORNE, FL 32640

Title: VP
Name: BOLES, DONNA
Address: 21624 SE 197TH ST
City-St-Zip: ISLAND GROVE, FL 32654

Title: S
Name: SCOTT, TAMMY
Address: 5929 SE 229TH TER
City-St-Zip: HAWTHORNE, FL 32640

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: DONNA BOLES

VP

04/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date