2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000109854

1. Entity Name

FHM INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

9485 REGENCY SQUARE BLVD SUITE 415 JACKSONVILLE, FL 32225

9485 REGENCY SQUARE BLVD SUITE 415 JACKSONVILLE, FL 32225

FILED

07 FEB -2 AM 9: 48

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01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2024538 Applied For
Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEMINE, JOHN A 9485 REGENCY SQ BLVD, STE 415 JACKSONVILLE, FL 32225

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	named entity submits this statement for the plons of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and	l accept
SIGNATURE_						
	Signature, typed or printed name of registered agent and title i	il applicable. (NOTE: Hegistere	a Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		U00000618580 02/08/07-80035-005 150.(<u>30</u>	
10. OFFICERS AND DIRECTORS]		·····		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROCK, JAMES E 9485 REGENCY SQUARE BLVD SUITE 415 JACKSONVILLE, FL 32225					
FILL After M: 10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT CD BROCK, JAMES E 9485 REGENCY SQUARE BLVD SUIT	9. Election Campaign Finar Trust Fund Contribution.			одте U000000618590 02/08/07-80035-005 15	0.1

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TITLE NAME BOND, WILLIAM JR 9485 REGENCY SQUARE BLVD SUITE 415 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 TD TITLE NAME BRADLEY, RUEL L JR 9485 REGENCY SQUARE BLVD SUITE 415 STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE RICHARDSON, MARY ANN NAME 9485 REGENCY SQUARE BLVD SUITE 415 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 TITLE ASDC GABEL, GEORGE D JR NAME 9485 REGENCY SQUARE BLVD SUITE 415 STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE ATDC HEALAN, JACK B JR NAME 9485 REGENCY SQUARE BLVD SUITE 415 STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-ZIP

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.

Lemine

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/07 904-724-98