


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90033 032 \*\*\*150.00

**DOCUMENT # 155640**

1. Entity Name  
**HILES-MCLEOD INSURANCE, INC.**



Principal Place of Business      Mailing Address

**1900 N. 9TH AVE (9TH & LAKEVIEW)**      **1900 N. 9TH AVE (9TH & LAKEVIEW)**  
**BOX 2747**      **BOX 2747**  
**PENSACOLA, FL 32503**      **PENSACOLA, FL 32503**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-0587161**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

01092008      Chg-P      CR2E034 (12/06)



**6. Name and Address of Current Registered Agent**

**EDDINS, JIMMY G**  
**1900 NORTH 9TH AVENUE**  
**PENSACOLA, FL 32503**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDDINS, JIMMY G. 1170 SAWGRAS DRIVE GULF BREEZE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Chris Pate 1720 E. Avery St. Pensacola, FL. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATE, CHRISTOPHER G. 1720 E. AVERY ST. PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Paul Davidson 1507 Templemore Dr. Cantonment, FL. 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATE, CHRISTOPHER G. 1720 E. AVERY ST. PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treasurer Michael G. Eddins 2410 Hallmark Drive Pensacola, FL. 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:** Michael G. Eddins      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      Michael G. Eddins 1/9/08      **Date**

Daytime Phone # \_\_\_\_\_