

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 155640

FILED
Jan 04, 2011
Secretary of State

Entity Name: HILES-MCLEOD INSURANCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0587161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDINS, MICHAEL G
1900 NORTH 9TH AVENUE
PENSACOLA, FL 32503 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: PATE, CHRIS
Address: 1720 E AVERY ST
City-St-Zip: PENSACOLA, FL

Title: VP
Name: EDDINS, MICHAEL G
Address: 2410 HALLMARK DRIVE
City-St-Zip: PENSACOLA, FL 32503

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 G. EDDINS

Electronic Signature of Signing Officer or Director

OWNE

01/04/2011

Date