

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90038 003 ***150.00

DOCUMENT # 247303

1. Entity Name
HUTT INSURANCE AGENCY, INC.



Principal Place of Business
3106 W 23RD ST
PANAMA CITY, FL 32405 US

Mailing Address
P.O. BOX 2550
PANAMA CITY, FL 32402-2550

40010924



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUTT, JOHN B III
3106 W. 23RD STREET
PANAMA CITY, FL 32405

**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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	CD
NAME	HUTT, JOHN B JR
STREET ADDRESS	3106 W 23RD ST
CITY- ST- ZIP	PANAMA CITY, FL
TITLE	SD
NAME	OWENS, OLIVE JEAN
STREET ADDRESS	3106 W 23RD ST
CITY- ST- ZIP	PANAMA CITY, FL
TITLE	PD
NAME	HUTT, JOHN B III
STREET ADDRESS	3106 W 23RD ST
CITY- ST- ZIP	PANAMA CITY, FL
TITLE	D
NAME	HUTT, MARY F
STREET ADDRESS	3106 W 23RD ST
CITY- ST- ZIP	PANAMA CITY, FL
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:

John B. Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

Date

850-769-4888

Daytime Phone #