

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 292103

FILED
Apr 10, 2007
Secretary of State

Entity Name: HEACOCK INSURANCE GROUP, INC.

Current Principal Place of Business:

211 S RIDGEWOOD DR
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9600
SEBRING, FL 338719923

New Mailing Address:

FEI Number: 59-1119588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVENIERE, JAMES W
211 S RIDGEWOOD DRIVE
SEBRING, FL 33870 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JOHNSON, D. CRAIG
Address: 1100 NANCESOWEE AVE
City-St-Zip: SEBRING, FL 33870

Title: D/T () Delete
Name: TAVENIERE, JAMES W
Address: 4612 BUNKER DRIVE
City-St-Zip: SEBRING, FL 33872

Title: DP () Delete
Name: HEACOCK, FORD W III
Address: 4638 SHERWOOD LANE
City-St-Zip: LAKELAND, FL 33813

Title: VD () Delete
Name: JOHNSON, BETH H
Address: 1100 NANCESOWEE AVE.
City-St-Zip: SEBRING, FL 33870

Title: D/S () Delete
Name: TERRELL, CATHY C
Address: 112 HOLMES CT
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: HEACOCK, FORD W III
Address: 2418 JONILA AVE.
City-St-Zip: LAKELAND, FL 33803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES W. TAVENIERE

D/T

04/10/2007

Electronic Signature of Signing Officer or Director

Date