2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 317805

1. Entity Name

HILLEGASS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
415 N 3RD ST JACKSONVILLE BEACH FL 32250 US	PO BOX 50189 JACKSONVILLE BEACH FL 32240-0189 US

1st MOORE   CR2E034 (10/06)

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 **59-1205717**   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILLEGASS, MICHAEL 415 N 3RD ST JACKSONVILLE BEACH FL 32250	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 _____

Signature, typed or printed name of registered agent and title r applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State | | 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	PD HILLEGASS, MICHAEL 415 N THIRD ST JACKSONVILLE BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000669096 03/27/07-80059-007 150.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILLEGASS, MICHELE 415 N THIRD ST JACKSONVILLE BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Pres   3-14-07   904-246-7314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #