

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 351057

FILED
Apr 15, 2009
Secretary of State

Entity Name: JOHN M. HUNNICUTT INSURANCE & INVESTMENTS, INC.

Current Principal Place of Business:

29B MIRACLE STRIP PARKWAY, S. W.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

29B MIRACLE STRIP PARKWAY S W
FT WALTON BEACH, FL 32548

Current Mailing Address:

P.O. BOX 906
FT. WALTON BEACH, FL 32549

New Mailing Address:

P.O. BOX 906
FT WALTON BEACH, FL 32549

FEI Number: 59-1267788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNNICUTT,JOHN M
29B MIRACLE STRIP PKWY SW
FORT WALTON, FL 32548 US

Name and Address of New Registered Agent:

HUNNICUTT,JOHN M
29B MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUNNICUTT, JOHN M
Address: 29B MIRACLE STRIP PKWY SW
City-St-Zip: FT WALTON BCH, FL 32548

Title: VP () Delete
Name: BARKOCY, ASHLEY HUNNICU
Address: 29B MIRACLE STRIP PKWY SW
City-St-Zip: FT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUNNICUTT, JOHN M
Address: 29B MIRACLE STRIP PKWY SW
City-St-Zip: FT WALTON BEACH, FL 32548

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN M HUNNICUTT

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date