

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 370404

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** HSH/HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS, INC.

**Current Principal Place of Business:**

1020 N. ORLANDO AVE.  
SUITE 200  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

1020 N. ORLANDO AVE.  
SUITE 200  
MAITLAND, FL 32751 US

**New Mailing Address:**

**FEI Number:** 59-1307966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAMES, TERRY L  
1831 S SUMMERLIN AVE  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

JAMES, TERRY L  
438 E GRANT STREET  
ORLANDO, FL 32806 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: \_\_\_\_\_

04/20/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: BREEN, JAMES H.,  
Address: 465 CHICKEE COURT  
City-St-Zip: LAKE MARY, FL

Title: PD ( ) Delete  
Name: SIBLEY, B. CRAIG  
Address: 2521 DELORAINE TRAIL  
City-St-Zip: MAITLAND, FL

Title: SD ( ) Delete  
Name: TERRY, JAMES L.,  
Address: 1831 S SUMMERLIN AVE  
City-St-Zip: ORLANDO, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: BREEN, JAMES H.,  
Address: 3396 STERLING RIDGE CT  
City-St-Zip: LONGWOOD, FL 32779

Title: PD (X) Change ( ) Addition  
Name: SIBLEY, B. CRAIG  
Address: 2035 KING ARTHUR CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: SD (X) Change ( ) Addition  
Name: JAMES, TERRY L  
Address: 438 E GRANT STREET  
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 H BREEN

TD

04/20/2005

Electronic Signature of Signing Officer or Director

Date