


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90005 048 ***150.00

DOCUMENT # 370404

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



Principal Place of Business Mailing Address

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

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

40008587



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number
59-1307966

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JAMES, TERRY L
 438 E GRANT STREET
 ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

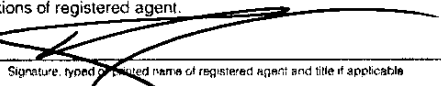
Name

Street Address (P.O. Box Number is Not Acceptable)

1300 S. Osceola Ave

City **Orlando** FL Zip Code **32806**

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  **Terry L. James** **1/8/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) D/T/F

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SIBLEY, B. CRAIG	
STREET ADDRESS	2035 KING ARTHUR CIRCLE	
CITY - ST - ZIP	MAITLAND, FL 32751	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JAMES, TERRY L	
STREET ADDRESS	438 E GRANT STREET	
CITY - ST - ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1300 S. Osceola Ave	
CITY - ST - ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:  **Terry L. James** **1/8/07** **407-647-1666**

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