2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State
01-24-2008 90027 034 ***150.00

DOCUMENT # 370404

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

40008941

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

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

01182008 Chg-P CR2E034 (12/06)

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
1300 S OSCEOLA AVE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name: James, Terry L
Street Address (P.O. Box Number is Not Acceptable): 1830 Alaqua Lakes Blvd.
City: Longwood FL Zip Code: 32779

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 CEO 1/22/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIBLEY, B. CRAIG		NAME		
STREET ADDRESS	2035 KING ARTHUR CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	JAMES, TERRY L		NAME		
STREET ADDRESS	1300 S OSCEOLA AVE		STREET ADDRESS	1830 Alaqua Lakes Blvd.	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	Longwood, FL 32779	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 1/22/08 (407)647-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #