

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 370404

FILED
Mar 04, 2009
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:

TERRY, JAMES L
1830 ALAQUA LAKES BLVD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SIBLEY, B. CRAIG
Address: 2035 KING ARTHUR CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: SD () Delete
Name: JAMES, TERRY L
Address: 1830 ALAQUA LAKES BLVD.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MAGGIE MATHEWS

AA

03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date