

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 370404

FILED  
Jan 07, 2011  
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 (X)**

**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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: JAMES, TERRY L  
Address: 1830 ALAQUA LAKES BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: SD  
Name: SIBLEY, B. CRAIG L  
Address: 2035 KING ARTHUR CIRCLE  
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: BARBARA VACCARO

VPO

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date