

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 19, 2005 08:00 AM  
Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # 627581</b>   |  |
| 1. Entity Name<br><b>HOBBIE NAPIER INSURANCE AGENCY, INC.</b>                            |  |
| Principal Place of Business<br><b>1209 SAXON BLVD., STE. 1<br/>ORANGE CITY, FL 32763</b> | Mailing Address<br><b>1209 SAXON BLVD., STE. 1<br/>ORANGE CITY, FL 32763</b> |



04152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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|--|--|
| 4. FEI Number<br><b>59-1924622</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>NAPIER, HOBERT, JR.<br/>1209 SAXON BLVD., STE. 1<br/>ORANGE CITY, FL 32763-5402</b> | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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: *Robert Napier Jr.* (NOTE: Registered Agent signature required when reinstating) DATE: 4-16-05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>NAPIER, KATHRYN B<br>1475 VOLTAIRE ST<br>DELTONA, FL 00000, |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT<br>NAPIER, HOBERT, JR.<br>1475 VOLTAIRE ST<br>DELTONA, FL    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NAPIER, DANIEL<br>5726 STARBOARD CT<br>BUFORD, FL 30518     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NAPIER, HOBERT TIMOTHY<br>1475 VOLTAIRE ST<br>DELTONA, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NAPIER, JAMES M<br>5726 STARBOARD CT<br>BUFORD, GA 30518    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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04/19/05-81030-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert Napier Jr.* (386) DATE: 4-15-05 775-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #