

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 672813

FILED  
Mar 01, 2005  
Secretary of State

Entity Name: HANNON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

221 REID AVENUE  
C/O JASPER LEROY SMITH  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 790  
PORT ST JOE, FL 32457 US

**New Mailing Address:**

FEI Number: 59-2123964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, JASPER LEROY  
221 REID AVENUE  
PORT ST. JOE, FL 32456 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: PSD ( ) Delete  
Name: SMITH, JASPER LEROY,  
Address: 905 MONUMENT AVE  
City-St-Zip: PT ST JOE, FL 00000,

Title: TD ( ) Delete  
Name: SMITH, DAVID A,  
Address: 212 12TH ST  
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VD ( ) Delete  
Name: SMITH, FRANN H,  
Address: 905 MONUMENT AVE  
City-St-Zip: PT, ST. JOE, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 for the exemption stated in Section 119.07(3)(i), 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: JASPER L. SMITH

PSD

03/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date