2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# 677045

Entity Name: GARY HURLBUT INSURANCE AGENCY, INC.

Current Principal Place of Business:

2660 W SR 434
C/O GARY HURLBUT
LONGWOOD, FL 32779 US

New Principal Place of Business:

2660 W SR 434
LONGWOOD, FL 32779 US

Current Mailing Address:

2660 W S R 434
% GARY HURLBUT
LONGWOOD, FL 32779

New Mailing Address:

2660 W S R 434
LONGWOOD, FL 32779 US

FEI Number: 59-2035613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HURLBUT, GARY
2660 S.R. 434
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

HURLBUT, GARY
2660 S.R. 434
LONGWOOD, FL 32779 US

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: GARY HURLBUT 01/04/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HURLBUT, GARY,
Address: 2660 S R 434
City-St-Zip: LONGWOOD, FL 0,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HURLBUT, GARY
Address: 2660 S R 434
City-St-Zip: LONGWOOD, FL 32779 US

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: GARY HURLBUT P 01/04/2005
Electronic Signature of Signing Officer or Director Date