

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 814260**

1. Entity Name  
HAIL REINSURANCE MANAGEMENT, INC.



Principal Place of Business  
222 RIVERSIDE DRIVE  
ORMOND BEACH, FL 32176

Mailing Address  
P.O. BOX 1715  
ORMOND BEACH, FL 32176



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0894724

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

OCEANSIDE RE GROUP, INC.  
222 RIVERSIDE DRIVE  
ORMOND BEACH, FL 32176

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CPD  
BURT, WALLACE J.  
P.O. BOX 1715  
ORMOND BEACH, FL 32175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
BURT, ALICE L.  
P.O. BOX 1715  
ORMOND BEACH, FL 32175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WOLFE, VIRGINIA L.  
P.O. BOX 1715  
ORMOND BEACH, FL 32175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000786789  
01/17/08-80056-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-08

Date

386-677-5217

Daytime Phone #