

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814260

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: HAIL REINSURANCE MANAGEMENT, INC.

## Current Principal Place of Business:

222 RIVERSIDE DRIVE  
ORMOND BEACH, FL 32176

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1715  
ORMOND BEACH, FL 32176

## New Mailing Address:

P.O. BOX 1715  
ORMOND BEACH, FL 32175

FEI Number: 59-0894724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BURT, DAVID A  
501 SOUTH RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114 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: DAVID A. BURT

01/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete  
Name: BURT, WALLACE J.  
Address: P.O. BOX 1715  
City-St-Zip: ORMOND BEACH, FL 32175

Title: VTD ( ) Delete  
Name: BURT, ALICE L  
Address: P.O. BOX 1715  
City-St-Zip: ORMOND BEACH, FL 32175

Title: SD ( ) Delete  
Name: WOLFE, VIRGINIA L.  
Address: P.O. BOX 1715  
City-St-Zip: ORMOND BEACH, FL 32175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition  
Name: BURT, WALLACE J  
Address: P.O. BOX 1715  
City-St-Zip: ORMOND BEACH, FL 32175

Title: VTD (X) Change ( ) Addition  
Name: BURT, ALICE L  
Address: P.O. BOX 1715  
City-St-Zip: ORMOND BEACH, FL 32175

Title: SD (X) Change ( ) Addition  
Name: WOLFE, VIRGINIA L  
Address: P.O. BOX 1715  
City-St-Zip: ORMOND BEACH, FL 32175

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WALLACE J. BURT

CPD

01/11/2009

Electronic Signature of Signing Officer or Director

Date