

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 814260

**FILED**  
**Jan 06, 2010**  
**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 32175

**New Mailing Address:**

**FEI Number:** 59-0894724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURT, DAVID A  
501 SOUTH RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114 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:** CPD  
**Name:** BURT, WALLACE J  
**Address:** P.O. BOX 1715  
**City-St-Zip:** ORMOND BEACH, FL 32175

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** VIRGINIA L WOLFE

SD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date