


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90051 033 ***150.00

DOCUMENT # F00000005458	
1. Entity Name HEI INSURANCE AGENCY INC.	

Principal Place of Business 20 GLOVER AVENUE NORWALK, CT 06850 US	Mailing Address P O BOX 5360 SOUTH NORWALK, CT 06856 US
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40011302



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112005 Chg-P CR2E034 (10/03)

4. FEI Number 06-1593688	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	Stephen F. Wiggins	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MORRIS, GREGORY R			NAME	President		
STREET ADDRESS	20 GLOVER AVENUE			STREET ADDRESS	20 Glover Avenue		
CITY-ST-ZIP	NORWALK, CT 06850			CITY-ST-ZIP	Norwalk CT 06850		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	Secretary & Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BIERMAN, RICHARD E			NAME	Thomas A. Travers		
STREET ADDRESS	20 GLOVER AVENUE			STREET ADDRESS	20 Glover Avenue		
CITY-ST-ZIP	NORWALK, CT 06850			CITY-ST-ZIP	Norwalk CT 06850		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NESSINA, JAMES			NAME	James B. Jones		
STREET ADDRESS	20 GLOVER AVENUE			STREET ADDRESS	20 Glover Avenue		
CITY-ST-ZIP	NORWALK, CT 06850			CITY-ST-ZIP	Norwalk CT 06850		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  1/27/05 203.229.1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #