2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000001272

1. Entity Name
S.H. SMITH INSURANCE AGENCY, OF MASSACHUSETTS INC.

Principal Place of Business	Mailing Address
661 HIGHLAND AVENUE NEEDHAM, MA 02110	661 HIGHLAND AVENUE NEEDHAM, MA 02110

U00000486353
04/13/06-80034-010 150.00

DO NOT WRITE IN THIS SPACE

03142008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-2950572

Applied F
Not Appli

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 ac
the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SMITH, SCOTT H
STREET ADDRESS	41 NORTH MAIN STREET, SUITE 300
CITY-ST-ZIP	WEST HARTFORD, CT 06109
TITLE	S
NAME	SMITH, JERILYN A
STREET ADDRESS	41 NORTH MAIN STREET, SUITE 300
CITY-ST-ZIP	WEST HARTFORD, CT 06109
TITLE	T
NAME	SMITH, SCOTT H
STREET ADDRESS	41 NORTH MAIN STREET, SUITE 300
CITY-ST-ZIP	WEST HARTFORD, CT 06109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 infor
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
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
changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #