

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000355

FILED
Jan 18, 2008
Secretary of State

Entity Name: AMERICAN HOBBYIST INSURANCE AGENCY, INC.

Current Principal Place of Business:

101 GREENWOOD AVE
SUITE 204
JENKINTOWN, PA 19046

New Principal Place of Business:

Current Mailing Address:

PO BOX 395
JENKINTOWN, PA 19046

New Mailing Address:

FEI Number: 31-1782670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: CDST () Delete
Name: BOOKMAN, JILL
Address: 101 GREENWOOD AVE
City-St-Zip: JENKINTOWN, PA 19046

Title: DV () Delete
Name: KANYUK, AMY
Address: 101 GREENWOOD AVE
City-St-Zip: JENKINTOWN, PA 19046

Title: P () Delete
Name: KANYUK, THOMAS
Address: 101 GREENWOOD AVE
City-St-Zip: JENKINTOWN, PA 19046

Title: DV () Delete
Name: KANYUK, NANCY
Address: 101 GREENWOOD AVE
City-St-Zip: JENKINTOWN, PA 19046

Title: DV () Delete
Name: TROUGHT, MELISSA
Address: 101 GREENWOOD AVE
City-St-Zip: JENKINTOWN, PA 19046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MELISSA TROUGHT

DV

01/18/2008

Electronic Signature of Signing Officer or Director

Date