

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004708

FILED
Mar 06, 2008
Secretary of State

Entity Name: HERBERT H. LANDY INSURANCE AGENCY, INC.

Current Principal Place of Business:

75 SECOND AVE STE 410
NEEDHAM, MA 02494

New Principal Place of Business:

75 SECOND AVE
SUITE 410
NEEDHAM, MA 02494

Current Mailing Address:

75 SECOND AVE STE 410
NEEDHAM, MA 02494

New Mailing Address:

75 SECOND AVE
SUITE 410
NEEDHAM, MA 02494

FEI Number: 04-2641145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LANE STE 200
TARPOON SPRINGS, FL 34688 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: DP () Delete
Name: MAGNUSON, BETSY A
Address: 33 HAYDEN DR
City-St-Zip: FOXBORO, MA 02035

Title: T () Delete
Name: RASKIN, STEPHEN M
Address: 1501 BEACON ST #1103
City-St-Zip: BROOKLINE, MA 02146

Title: D () Delete
Name: LANDY, HERBERT H
Address: 10 LONGWOOD DR STE 260
City-St-Zip: WESTWOOD, MA 02090

Title: D () Delete
Name: LANDY, LEAH
Address: 10 LONGWOOD DR
City-St-Zip: WESTWOOD, MA 02090

Title: D () Delete
Name: CATALDO, ROBERT
Address: 30 SOLOMON PIERCE RD
City-St-Zip: LEXINGTON, MA 02173

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: BETSY A. MAGNUSON

PRES

03/06/2008

Electronic Signature of Signing Officer or Director

Date