

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90033 010 ***150.00

DOCUMENT # F12957

1. Entity Name

HITCHCOCK'S INSURANCE AGENCY, INC.



Principal Place of Business

C/O PHILIP A HITCHCOCK
520 1ST AVE SW
LARGO FL 33770

Mailing Address

C/O PHILIP A HITCHCOCK
520 1ST AVE SW
LARGO FL 33770



2. Principal Place of Business - No P.O. Box #

2010 Bayshore Dr
Suite, Apt. #, etc.
Belleair Beach, Fla
City & State

3. Mailing Address

2010 Bayshore Dr
Suite, Apt. #, etc.
Belleair Beach, Fla.
City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2058504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33786

Country
Pinellas

Zip
33786

Country
Pinellas

6. Name and Address of Current Registered Agent

HITCHCOCK, PHILIP A
520 1ST AVE SW
LARGO FL 33770

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2010 Bayshore Dr.

City
Belleair Beach

FL

Zip Code

33786

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TR
NAME JULIE J HITCHCOCK ☐ Delete
STREET ADDRESS 520 1ST AVE SW
CITY-ST-ZIP LARGO FL

TITLE P
NAME HITCHCOCK, PHILIP A ☐ Delete
STREET ADDRESS 520 1ST AVE SW
CITY-ST-ZIP LARGO FL 33770

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2010 Bayshore Dr.
CITY-ST-ZIP Belleair Beach, Fla. 33786 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 2010 Bayshore Dr.
CITY-ST-ZIP Belleair Beach, Fla. 33786 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Philip A. Hitchcock Philip A. Hitchcock

1/29/08

585-6080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone