

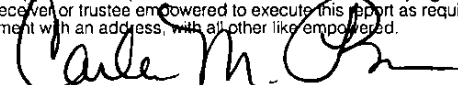


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F76802</b> 1. Entity Name <b>HILB, ROGAL AND HAMILTON COMPANY OF TAMPA BAY, INC.</b>						<div style="text-align: center;"> <b>FILED</b>  <b>05 JUN 16 AM 9:13</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div> <div style="text-align: center; margin-top: 10px;">  </div>	
Principal Place of Business <b>5405 CYPRESS CTR DR 330</b> <b>P. O. BOX 23968</b> <b>TAMPA, FL 33623</b>				Mailing Address <b>P. O. BOX 23968</b> <b>TAMPA, FL 33623</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>62-1135533</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE, FL 32301</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SYLVESTER, DAVID E</b> <b>5405 CYPRESS CTR DR 330</b> <b>TAMPA, FL 33623</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500056391535</b> <b>06/21/05--01036--001 **550.00</b> <b>Assistant Secretary</b> <b>Carla M. Brown</b> <b>17 Valley River Ave.</b> <b>Murphy NC 28906</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP</b> <b>BLUMM, L. SCOTT</b> <b>5405 CYPRESS CTR DR 330</b> <b>TAMPA, FL 33623</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Timothy J. Korman</b> <b>4951 Lake Brook Drive Ste 500</b> <b>Glen Allen, VA 23060</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TYLER, BENJAMIN H</b> <b>800 NORTH MAGNOLIA AVE STE 1600</b> <b>ORLANDO, FL 32803</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPa Director</b> <b>Vaughn, Martin L III</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VAUGHN, MARTIN L III</b> <b>4951 LAKE BROOK DRIVE STE 500</b> <b>GLEN ALLEN, VA 23060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary &amp; Director</b> <b>Smith, Walter L.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JONES, CAROLYN</b> <b>4951 LAKE BROOK DRIVE STE 500</b> <b>GLEN ALLEN, VA 23060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SMITH, WALTER L</b> <b>4951 LAKE BROOK DRIVE STE 500</b> <b>GLEN ALLEN, VA 23060</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>5/10/05</b> Daytime Phone #: <b>828-835-8185</b>				