


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

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| DOCUMENT # G53681 1. Entity Name HMS INSURANCE AGENCY, INC. |  |
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| Principal Place of Business 1625 NW 136TH AVE SUITE 200 FORT LAUDERDALE, FL 33323 US | Mailing Address P O BOX 551540 FT LAUDERDALE, FL 33355--154 US |
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01052004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2388171 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent JUDGES, ROBERT 1625 NW 136TH AVE SUITE 200 FORT LAUDERDALE, FL 33323 | DO NOT WRITE IN THIS SPACE |
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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 accept 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 re-registering)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WOLK, HOWARD L 1625 NW 136TH AVE STE 200 FT LAUDERDALE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST JUDGES, ROBERT 1625 NW 136TH AVE STE 200 FT LAUDERDALE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUCKTHORPE, KEVIN 1625 NW 136TH AVENUE, SUITE 200 FORT LAUDERDALE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOLK, SIDNEY D 1625 NW 136TH AVENUE, SUITE 200 FORT LAUDERDALE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOLK, JEFFREY C 1625 NW 136TH AVENUE, SUITE 200 FORT LAUDERDALE, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOLK, NATHAN T 1625 NW 136TH AVENUE, SUITE 200 FORT LAUDERDALE, FL 33323 |

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01/12/04-30027-013 150.00

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.

SIGNATURE: *Robert W. Judges* Robert W. Judges 1/6/04 954-845-2325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #