


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State


DOCUMENT # G53681
 1. Entity Name
 HMS INSURANCE AGENCY, INC.



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

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2388171 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUDGES, ROBERT
 1625 NW 136TH AVE
 SUITE 200
 FORT LAUDERDALE, FL 33323

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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 date if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WOLK, HOWARD L
STREET ADDRESS	1625 NW 136TH AVE STE 200
CITY-STATE-ZIP	FT LAUDERDALE, FL 33323
TITLE	ST
NAME	JUDGES, ROBERT
STREET ADDRESS	1625 NW 136TH AVE STE 200
CITY-STATE-ZIP	FT LAUDERDALE, FL 33323
TITLE	P
NAME	BUCKTHORPE, KEVIN
STREET ADDRESS	1625 NW 136TH AVENUE, SUITE 200
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33323
TITLE	D
NAME	WOLK, SIDNEY D
STREET ADDRESS	1625 NW 136TH AVENUE, SUITE 200
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33323
TITLE	D
NAME	WOLK, JEFFREY C
STREET ADDRESS	1625 NW 136TH AVENUE, SUITE 200
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33323
TITLE	D
NAME	WOLK, NATHAN T
STREET ADDRESS	1625 NW 136TH AVENUE, SUITE 200
CITY-STATE-ZIP	FORT LAUDERDALE, FL 33323

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 01/11/05-80061-005 150.00

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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 Secretary/Treasurer 1/5/05 954-845-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #