


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90013 025 ***150.00

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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03202008 Chg-P CR2E034 (12/06)

City & State
 City & State

Zip Country Zip Country

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**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	WOLK, HOWARD L	
STREET ADDRESS	1625 NW 136TH AVE SUITE 210	
CITY-ST-ZIP	FT LAUDERDALE, FL 33323	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JUDGES, ROBERT	
STREET ADDRESS	1625 NW 136TH AVE SUITE 210	
CITY-ST-ZIP	FT LAUDERDALE, FL 33323	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHEN, DIETRICH	
STREET ADDRESS	1625 NW 136TH AVE SUITE 210	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLK, SIDNEY D	
STREET ADDRESS	1625 NW 136TH AVE SUITE 210	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLK, JEFFREY C	
STREET ADDRESS	1625 NW 136TH AVE SUITE 210	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph J. Incandela	
STREET ADDRESS	1625 NW 136 Ave. #210	
CITY-ST-ZIP	Ft. Lauderdale FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Judges* **3/25/08** **954-845-2325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #