## Jan 30, 2004 8:00 am 2004 FOR PROFIT CORPORATION **Secretary of State ANNUAL REPORT** DOCUMENT # L83397 01-30-2004 90073 002 \*\*\*150.00 1. Entity Name HUGH BARNDOLLAR INSURANCE SERVICES, INC. Principal Place of Business Mailing Address **7622 CONGRESS STREET** 7622 CONGRESS STREET NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653 US 01272004 No Chg-P ¿ CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3014098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNDOLLAR, HUGH O DO NOT WRITE 7622 CONGRESS ST NEW PORT RICHEY, FL 34653 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS . 10. TITLE BARNDOLLAR, HUGH NAME STREET ADDRESS 7622 CONGRESS ST NEW PORT RICHEY, FL 34653 CITY-ST-ZIP TITLE NAME BARNDOLLAR, CAROL 14119 POINTE ANNE DRIVE STREET ADDRESS ODESSA, FL 33556 CITY-ST-ZIP TITLE BARNDOLLAR, HIGH O NAME 7622 CONGRESS ST STREET ADDRESS DO NOT WRITE CITY-ST-ZIP NEW PORT RICHEY, FL 34653 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ·TITI F NAME STREET ADDRESS

n this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied w indicated on this report or supplemental report of the corporation or the receivel of trustee em changed, or on an attachment with an address **FILED**