


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90206 003 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L83397
 1. Entity Name
HUGH BARNDOLLAR INSURANCE SERVICES, INC.



Principal Place of Business
**7218 CONGRESS ST
 NEW PORT RICHEY, FL 34653 US**

Mailing Address
**14119 POINT ANNE DR
 ODESSA, FL 33556 US**

60035342



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04182008 Chg-P CR2E034 (12/08)

6. Name and Address of Current Registered Agent
**BARNDOLLAR, HUGH O
 14119 POINT ANNE DR
 ODESSA, FL 33556**

4. FEI Number
59-3014098

Applied For
 Not Applicable

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

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 reappointing)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	BARNDOLLAR, CAROL	14119 POINTE ANNE DRIVE	ODESSA, FL 33556	<input checked="" type="checkbox"/>
VP	BARNDOLLAR, HUGH	9805 PORTOFINO DR	ORLANDO, FL 32832	<input type="checkbox"/>
P	BARNDOLLAR, HUGH	144119 POINTE ANNE DR	ODESSA, FL 33558	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP/T	BARNDOLLAR III, HUGH	17607 Glenapp Dr.		<input checked="" type="checkbox"/>
	Land O Lakes, FL		34638	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Hugh Barndollar Date: 4/25/08 Daytime Phone #: 77-919-03450