

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L83397

FILED
Apr 15, 2009
Secretary of State

Entity Name: HUGH BARNDOLLAR INSURANCE SERVICES, INC.

Current Principal Place of Business:

7218 CONGRESS ST
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

14119 POINT ANNE DR
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-3014098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNDOLLAR, HUGH O
14119 POINT ANNE DR
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: BARNDOLLAR, HUGH III
Address: 17607 GLENAPP DR
City-St-Zip: LAND O LAKES, FL 34638

Title: P () Delete
Name: BARNDOLLAR, HUGH
Address: 144119 POINTE ANNE DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGH O. BARNDOLLAR

MR.

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date