

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042727

FILED
Aug 14, 2007
Secretary of State

Entity Name: H & F INSURANCE AGENCY INC.

Current Principal Place of Business:

150 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

7441 WAYNE AV
#7J
MIAMI BEACH, FL 33141

Current Mailing Address:

9035 SHORT CHIP CIRCLE
PORT SAINT LUCIE, FL 34986

New Mailing Address:

7441 WAYNE AV
#7J
MIAMI BEACH, FL 33141

FEI Number: 59-1789997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, JOHN CHESTER
372 MINOLA DRIVE
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

FIELDS, JOHN CHESTER
7441 WAYNE AV
#7J
MIAMI BEACH, FL 33141 US

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:

08/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FIELDS, JOHN CHESTER
Address: 372 MINOLA DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VST () Delete
Name: FIELDS, LYNN
Address: 9035 SHORT CHIP CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FIELDS, JOHN CHESTER
Address: 7441 WAYNE AV #7J
City-St-Zip: MIAMI BEACH, FL 33141

Title: VST (X) Change () Addition
Name: FIELDS, LYNN
Address: 7441 WAYNE AV #7J
City-St-Zip: MIAMI BEACH, FL 33141

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: LYNN FIELDS

VST

08/14/2007

Electronic Signature of Signing Officer or Director

Date