2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

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Entity Name: BILL HENDREN INSURANCE AGENCY, INC.

Current Principal Place of Business:

7985 113TH STREET N
SUITE 326
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

C/O JOHN SCHAEFER, ESQ
650 MAIN STREET
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3645311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAEFER, JOHN
650 MAIN STREET
SAFETY HARBOR, FL 34695 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

OFFICERS AND DIRECTORS:

Title: BOD
Name: HENDREN, WILLIAM H III
Address: 7985 113TH STREET N SUITE 326
City-St-Zip: SEMINOLE, FL 33772

Title: P
Name: HENDREN, WILLIAM H III
Address: 7985 113TH STREET N SUITE 326
City-St-Zip: SEMINOLE, FL 33772

Title: ST
Name: HENDREN, WILLIAM H III
Address: 7985 113TH STREET N SUITE 326
City-St-Zip: SEMINOLE, FL 33772

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM H HENDREN III PRES 01/04/2011

Electronic Signature of Signing Officer or Director — Date