2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000051161

1. Entity Name
RALPH G HILL INSURANCE, INC.

Principal Place of Business	Mailing Address
9923 BLAKEFORD MILL RD.	9923 BLAKEFORD MILL RD.
JACKSONVILLE, FL 32256	JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

02182004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3648195	Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, RALPH G
9923 BLAKEFORD MILL RD.
JACKSONVILLE, FL 32256

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000060780 02/23/04--00053-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HILL, RALPH G
STREET ADDRESS	9923 BLAKEFORD MILL RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   *Ralph G Hill*   *President*   2-19-04   (904) 384-6443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #