

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051161

FILED
Mar 09, 2005
Secretary of State

Entity Name: RALPH G HILL INSURANCE, INC.

Current Principal Place of Business:

9923 BLAKEFORD MILL RD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

1400 CASSAT AVE
2
JACKSONVILLE, FL 32205

Current Mailing Address:

9923 BLAKEFORD MILL RD.
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3648195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, RALPH G
9923 BLAKEFORD MILL RD.
JACKSONVILLE, FL 32256 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: PSTD () Delete
Name: HILL, RALPH G
Address: 9923 BLAKEFORD MILL RD.
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH G. HILL

PSTD

03/09/2005

Electronic Signature of Signing Officer or Director

Date