2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P00000051161 1. Entity Name RALPH G HILL INSURANCE, INC. Principal Place of Business 1855 CASSAT AVE 2 JACKSONVILLE, FL 32210 Mailing Address 9923 BLAKEFORD MILL RD. JACKSONVILLE, FL 32256

FILED Jan 26, 2007 08:00 AM Secretary of State

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DO NOT WRITE IN THIS SPACE	<u> </u>
4. FEI Number 59-3648195	Applied For Not Applicable
	£0.7£
5. Certificate of Status I	Desired
6. Name and Address of Current Registered Agent	
	T WRITE SPACE
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 # applicable. (NOTE: Registered Agent agent agent agent and title # applicable.	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS	
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NAME HILL, RALPH G	57 kM, 137 LMR, 684 day, 514 48 km/di 1864 day day day day
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 of 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:

ORE AND PROPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07

904-384-6443

Daytime Phone