

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070175

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** HAGAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4620 S. GARY AVE.  
LAKE LAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

4620 S. GARY AVE.  
LAKE LAND, FL 33813

**New Mailing Address:**

**FEI Number:** 59-3662553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAGAN, CHARLES E  
4620 SOUTH GARY AVE  
LAKE LAND, FL 33813 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: PD  
Name: HAGAN, CHARLES E  
Address: 4620 S. GARY AVENUE  
City-St-Zip: LAKE LAND, FL 33813

Title: VP  
Name: HAGAN, GEORGIA G  
Address: 4620 S. GARY AVENUE  
City-St-Zip: LAKE LAND, FL 33813

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: CHARLES E HAGAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/13/2011

\_\_\_\_\_  
Date