

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90012 032 ***150.00

DOCUMENT # P00000092207

1. Entity Name
**HEARTLAND INSURANCE AGENCY OF HIGHLANDS
COUNTY, INC.**



Principal Place of Business
**21 SOUTH MAIN STREET
LAKE PLACID, FL 33852**

Mailing Address
**21 SOUTH MAIN STREET
LAKE PLACID, FL 33852**

2. Principal Place of Business - No P.O. Box #
803 US HWY 27 SOUTH

3. Mailing Address
803 US HWY 27 SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SEBRING, FL

City & State
SEBRING, FL

Zip
33870

Country
USA

Zip
33870

Country
USA

02012008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3677470

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, KEVIN
21 SOUTH MAIN STREET
LAKE PLACID, FL 33852**

7. Name and Address of New Registered Agent

Name
KEVIN CLARK

Street Address (P.O. Box Number is Not Acceptable)
803 US HWY 27 SOUTH

City
**SEBRING FL Zip Code
33870**

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:

KEVIN CLARK, PRESIDENT

02/01/2008

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
CLARK, KEVIN
21 S MAIN ST
LAKE PLACID, FL 33852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
CLARK, CARLENE
21 S MAIN ST
LAKE PLACID, FL 33852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
CLARK, KEVIN
803 US HWY 27 SOUTH
SEBRING, FL 33870** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
CLARK, CARLENE
803 US HWY 27 SOUTH
SEBRING, FL 33870** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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:

Kevin D. Clark

KEVIN CLARK, PRESIDENT

02/01/2008

(863) 465-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #