


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000103936</b>	
1. Entity Name <b>HOLLISTER INSURANCE, INC.</b>	

Principal Place of Business <b>P.O. BOX 1556 STUART, FL 34995</b>	Mailing Address <b>P.O. BOX 1556 STUART, FL 34995</b>
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05022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number <b>65-1052855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HOLLISTER, DEBORAH 221 HIBISCUS AVE STUART, FL 34996</b>
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**DO NOT WRITE IN THIS 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 \_\_\_\_\_ U000000562344  
05/19/06-80049-025 150.00  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D HOLLISTER, DEBORAH B P.O. BOX 1556 STUART, FL 34995</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P HOLLISTER, DEBORAH P O BOX 1556 STUART, FL 34995</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>T HOLLISTER, MATTHEW L 221 HIBISCUS AVE STUART, FL 34996</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>S HOLLISTER, DANIEL 221 HIBISCUS AVE STUART, FL 34996</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Deborah B. Hollister **4/30/06 772-288-2389**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Phone #