2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P00000103936

Entity Name: HOLLISTER INSURANCE, INC.

Current Principal Place of Business:

221 HIBISCUS AVE.
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1556
STUART, FL 34995

New Mailing Address:

FEI Number: 65-1052855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLISTER, DEBORAH
221 HIBISCUS AVE
STUART, FL 34996 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: D ( ) Delete
Name: HOLLISTER, DEBORAH B
Address: P.O. BOX 1556
City-St-Zip: STUART, FL 34995

Title: P ( ) Delete
Name: HOLLSITER, DEBORAH
Address: P O BOX 1556
City-St-Zip: STUART, FL 34995

Title: T ( ) Delete
Name: HOLLISTER, MATTHEW L
Address: 221 HIBISCUS AVE
City-St-Zip: STUART, FL 34996

Title: S ( ) Delete
Name: HOLLISTER, DANIEL
Address: 221 HIBISCUS AVE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBORAH B. HOLLISTER D 04/23/2009

Electronic Signature of Signing Officer or Director — Date