## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000004529

Entity Name: SEAN HALFACRE INSURANCE INC

FILED Jul 09, 2007 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
591 SOUTH CHICKASAW TRAIL ORLANDO, FL 32825			10801 DYLAN LOREN ORLANDO, FL 32825	10801 DYLAN LOREN CIR ORLANDO, FL 32825	
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
591 SOUTH CHICKASAW TRAIL ORLANDO, FL 32825			10801 DYLAN LOREN CIR ORLANDO, FL 32825		
FEI Number:	: 59-3695414	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ROCKLED The above	KÁWAY DRIVE DGE, FL 32955	US	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
	Electror	ic Signature of Registered A	gent	Date	
		3(2)(b), F.S., the corporation did g Trust Fund Contribution ( ).	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) HALFACRE, SE 1205 TUCKAW ROCKLEDGE,	AY DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) HALFACRE, KII 1205 TUCKAW ROCKLEDGE,	AY DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: SEAN HALFACRE PRES 07/09/2007