2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# P02000134881

Entity Name: HOSKENS INSURANCE AGENCY, INC.

Current Principal Place of Business:

3625 SR 419 STE 290
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

PO BOX 195652
WINTER SPRINGS, FL 32719

New Mailing Address:

PO BOX 1179
GOLDENROD, FL 32733

FEI Number: 59-1945866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOSKENS, HARRY
7325 WALNUT AVE
WINTER PARK, FL 32792 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: PVTS ( ) Delete
Name: HOSKENS, HARRY
Address: PO BOX 195652
City-St-Zip: WINTER SPRINGS, FL 327195652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change ( ) Addition
Name: HOSKENS, HARRY
Address: PO BOX 1179
City-St-Zip: GOLDENROD, FL 32733

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: HARRY HOSKENS MR 04/29/2007

Electronic Signature of Signing Officer or Director Date