

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000134881

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** HOSKENS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7325 WALNUT AVE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1179  
GOLDENROD, FL 32733

**New Mailing Address:**

**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  
**Name:** HOSKENS, HARRY  
**Address:** PO BOX 1179  
**City-St-Zip:** GOLDENROD, FL 32733

I hereby 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 all other like empowered.

**SIGNATURE:** HARRY HOSKENS

MR

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date