

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90002 044 ***158.75

DOCUMENT # P03000008760

1. Entity Name
H & K INSURANCE, INC.



Principal Place of Business
5351 GRAND BANKS BLVD
GREENACRES, FL 33463 US

Mailing Address
12580 NE MIAMI COURT
MIAMI, FL 33161 US

04006357



2. Principal Place of Business

3. Mailing Address

5351 Grand Banks Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Greenacres, FL

Zip

Country

Zip

Country

33463

US

07132004

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

562317358

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESPAGNE, HANS
5351 GRAND BANKS BLVD
GREENACRES, FL 33463

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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 PD ☐ Delete
NAME DESPAGNE, HANS
STREET ADDRESS 5351 GRAND BANKS BLVD
CITY-ST-ZIP GREENACRES, FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

7/13/04

Date

(305)

335-7927

Daytime Phone #

Attachment
Doc. # P03000008760

H & K INSURANCE, INC.

5351 GRND BANKS BLVD., GREENACRES, FLORIDA 33463

PHONE: (305) 335-7927

July 13, 2004


Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

Please find enclosed the completed Uniform Business Report for H & K Insurance, Inc. Document #P03000008760 and a check for \$158.75 for the filing fee and for a certificate of status.

I am requesting a waiver of the late fee for the following reason - I have not received the UBR form in the mail as there has been a change of mailing address- and wish to keep my corporation active.

Sincerely,



Hans Despagne
President