

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000008760

Entity Name: H & K INSURANCE, INC.

**FILED**  
**Aug 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3355 LAKE WORTH RD  
#8  
PALM SPRINGS, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

3355 LAKE WORTH RD  
#8  
PALM SPRINGS, FL 33461 US

**New Mailing Address:**

FEI Number: 56-2317358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DESPAGNE, HANS  
5351 GRAND BANKS BLVD  
GREENACRES, FL 33463 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DESPAGNE, HANS  
Address: 5351 GRAND BANKS BLVD  
City-St-Zip: GREENACRES, FL 33463 US

Title: DR  
Name: BOURSQUOT, MARIE F  
Address: 3355 LAKE WORTH RD #8  
City-St-Zip: PALM SPRINGS, FL 33461

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: HANS DESPAGNE

DR

08/16/2011

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

\_\_\_\_\_  
Date