2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 06, 2006 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | Secretary of State | | | |
|--|--|--|-----------------------------|--------------------------|---|---|--|--|
| DOCU | IMENT # P03000015 | 200 | | Sec | cretary | oi State | | |
| | HITING INSURANCE, INC. | | | | | | | |
| 1 | ce of Business | Mailing Address | <u> </u> | 1 | | | | |
| 13600-4 US SEBASTIAN, | | 13600-4 US 1 Sebastian, FL 32958 | |) | II 30/20 ((()) 50 ()) 20 () 4 | 177 8214 1 ((881 81)(8 1 27) | 1 1 1 1 1 1 1 1 1 1 | |
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| r | O NOT WOITE | ^ - | 01032006 | No Chg-P | CR2E034 (1 | 1/05) | | |
| DO NOT WRITE IN THIS SPA | | | CE | 4. FEI Numb 57-118 | | | Applied For Not Applicable | |
| | | | | | of Status Desired | □ \$8.7 | 5 Additional equired | |
| | 6. Name and Address of Current | Registered Agent | | | | | | |
| WHITING, DALE 13600-4 US 1 | | | | DO | NOT W | RITE | | |
| SEBASTIAN, FL 32958 | | | IN THIS SPACE | | | | | |
| | | | | | | | | |
| 8. The above the obligat | e named entity submits this statement for tions of registered agent | r the purpose of changing its register | red office or register | red agent, or bo | th, in the State of Flo | orida. Lam familia | r with, and accept | |
| SIGNATURE. | Signature Typed or printed name of registered agent a | and wear applicable (NOTE Registers | ed Agent signature required | when reinstatings | _ | DATE | | |
| | | 9. Election Campaign Final | | | | DAVE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution | | | | .00 May Be ed to Fees | | | | |
| 10. OFFICERS AND DIRECTORS | | | <u> </u> | ·· | <u> </u> | | | |
| NAME | D WHITING, DALE | | | | | | | |
| STREET ADORESS CHY ST ZIP | 13600-4 US 1 SEBASTIAN, FL 32958 | | | | | | | |
| litté | SEBASTIAN, PE 32430 | | 1 | | , <u>0</u> 0000 | 00378645 | 25 150.00 | |
| NAML STREET ADDRESS | | | | | 0170970 | 1 0 -00017 c | CO LOGICA | |
| CITY ST ZIP | | | | | | | | |
| HILE | | | | | | | | |
| NAME STREET ADDRESS | | | | DO | NOT W | DITE | | |
| CITY ST ZIP | | | Į | | NOT W | | | |
| TITLE NAME | | | 1 | IN T | THIS SF | ACE | | |
| CIRELY ADDRESS | | | 1 | | | | | |
| CITY ST ZIP | | | 1 | | | | | |
| NAME | | | | | | | | |
| STREET ADDRESS CITY ST ZIP | | | | | | | | |
| Tell | | | i | | | | | |
| NAME STREET ADDRESS | | | | | | | | |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Hurther 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 oalt, 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

1/3/06 772-589-0232