


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90072 039 ***150.00

DOCUMENT # P03000031714	
1. Entity Name THE HOITSMA INSURANCE GROUP, INC.	

Principal Place of Business 2013 S. PENINSULA DR. DAYTONA BCH, FL 32118	Mailing Address 2013 S. PENINSULA DR. DAYTONA BCH, FL 32118
--	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
--	--

City & State	City & State
Zip	Country



01162008 Chg-P CR2E034 (12/06)

4. FEI Number 58-2675535	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D III 4 OLD KINGS RD. NORTH, SUITE B PALM COAST, FL 32137
--

7. Name and Address of New Registered Agent 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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE	PVPS <input type="checkbox"/> Delete
NAME	HOITSMA, ROBERT T SR.
STREET ADDRESS	2013 S. PENINSULA DR.
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D <input type="checkbox"/> Delete
NAME	HOITSMA, JEAN D
STREET ADDRESS	2013 S. PENINSULA DR.
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D <input type="checkbox"/> Delete
NAME	HOITSMA, KAREN L
STREET ADDRESS	55 RIVER BEACH
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D <input type="checkbox"/> Delete
NAME	SARA, CHIUMENTO C
STREET ADDRESS	825 JOHN ANDERSON DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D <input type="checkbox"/> Delete
NAME	HARSHAW, SHARON H
STREET ADDRESS	2 HICKORY LANE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIUMENTO, SARA C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	(NAME ONLY)
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jean D Hoitsma* **1-16-08** **386-252-3774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #