

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90356 031 ***158.75

DOCUMENT # P03000081860 1. Entity Name HILL INSURANCE AGENCY, INC.					
Principal Place of Business PO BOX 380090 MURDOCK, FL 33938-0090			Mailing Address PO BOX 380090 MURDOCK, FL 33938-0090		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
04272004 Chg-P CR2E034 (10/03)					
4. FEI Number 52-2393189				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NOLAN, JOHN 4549 C TAMIAMI TRAIL CHARLOTTE HARBOR, FL 33980			Name NOLAN, JOHN Street Address (P.O. Box Number is Not Acceptable) 1720 EL JOBEAN RD., SUITE 202 City PORT CHARLOTTE FL Zip Code 33948		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 04/27/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, DAVID A PO BOX 380090 MURDOCK, FL 339380090		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		PD JOHN D. NOLAN 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		VDST MICHELLE L. LAMARCA 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		V MICHAEL A. LAMARCA 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: JOHN D. NOLAN, PRESIDENT Date 04/27/04 Daytime Phone # 941-613-0033					