

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

04-29-2004 90356 031 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04272004 Chg-P CR2E034 (10/03)

4. FEI Number
52-2393189

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NOLAN, JOHN
4549 C TAMIAMI TRAIL
CHARLOTTE HARBOR, FL 33980

7. Name and Address of New Registered Agent
 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 *John D. Nolan* **04/27/04**
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN D. NOLAN 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST MICHELLE L. LAMARCA 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAEL A. LAMARCA 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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* **JOHN D. NOLAN, PRESIDENT** **04/27/04** **941-613-0033**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #