

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90014 050 ***150.00

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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		
4. FEI Number 52-2393189			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NOLAN, JOHN 1720 EL JOBEAN RD SUITE 202 PORT CHARLOTTE, FL 33948			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOLAN, JOHN D		NAME		
STREET ADDRESS	2788 ROYAL PALM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34288		CITY-ST-ZIP		
TITLE	VSTD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMARCA, MICHELLE L		NAME		
STREET ADDRESS	2358 CHILCOTE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMARCA, MICHAEL A		NAME		
STREET ADDRESS	2358 CHILCOTE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MARY A. NOLAN	
STREET ADDRESS			STREET ADDRESS	2788 ROYAL PALM DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	NORTH PORT, FL 34288	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>M. Lamarca</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/11/05 (941) 613-0033 <small>Date Daytime Phone #</small>		