

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 031 ***150.00

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02232006 Chg-P CR2E034 (11/05)

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 1720 EL JOBEAN ROAD Suite, Apt #, etc. SUITE 202		3. Mailing Address Suite, Apt #, etc.			
City & State PORT CHARLOTTE, FL		City & State		4. FEI Number 52-2393189	
Zip 33948		Country CHARLOTTE		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD NOLAN, JOHN D 2788 ROYAL PALM DRIVE NORTH PORT, FL 34288	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LAMARCA, MICHELLE L 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMARCA, MICHAEL A 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOLAN, MARY A 2788 ROYAL PALM DR NORTH PORT, FL 34288	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <i>John D. Nolan</i> JOHN D. NOLAN			3/3/06 941-613-0033		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Deline Phone #</small>		