

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P03000081860

1. Entity Name
HILL INSURANCE AGENCY, INC.



Principal Place of Business
1720 EL JORDAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

Mailing Address
PO BOX 380090
MURDOCK, FL 33938-0090



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
1720 EL JOBEAN RD
SUITE 202
PORT CHARLOTTE, FL 33948

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NOLAN, JOHN D
STREET ADDRESS 2788 ROYAL PALM DRIVE
CITY-ST-ZIP NORTH PORT, FL 34288

TITLE VS
NAME LAMARCA, MICHELLE L
STREET ADDRESS 2358 CHILCOTE TERRACE
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

TITLE VD
NAME LAMARCA, MICHAEL A
STREET ADDRESS 2358 CHILCOTE TERRACE
CITY-ST-ZIP PORT CHARLOTTE, FL 33981

TITLE VT
NAME NOLAN, MARY A
STREET ADDRESS 2788 ROAL PALM DR
CITY-ST-ZIP NORTH PORT, FL 34288

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000706477
04/24/07-80036-002 150.00

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IN THIS SPACE**

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: **VPD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07 **941 613 0033**
Date Daytime Phone #
941 626 3591