
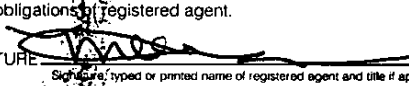
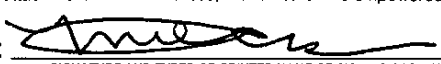


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90018 001 \*\*\*150.00

<b>DOCUMENT # P03000081860</b> 1. Entity Name <b>HILL INSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>1720 EL JORDAN ROAD SUITE 202 PORT CHARLOTTE, FL 33948</b>			Mailing Address <b>1720 EL JOBEAN ROAD SUITE 202 PORT CHARLOTTE, FL 33948</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03262008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>52-2393189</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NOLAN, JOHN 1720 EL JOBEAN RD SUITE 202 PORT CHARLOTTE, FL 33948</b>				7. Name and Address of New Registered Agent Name <b>MICHAEL LAMARCA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1720 EL JOBEAN RD</b> <b>SUITE 202</b> <b>PORT CHARLOTTE FL 33948</b>	
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:  DATE: <b>4/11/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV MICHAEL LAMARCA 2358 CHILCOTE TERR PORT CHARLOTTE FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMARCA, MICHAEL A 2358 CHILCOTE TERRACE PORT CHARLOTTE, FL 33981 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL LAMARCA 2358 CHILCOTE TERR PORT CHARLOTTE FL 33981 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NOLAN, MARY A 2788 ROAL PALM DR NORTH PORT, FL 34288 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN NOLAN 2788 ROYAL PALM DR 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	<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	<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: 			VP    4/11/08    941 613 0033		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		