2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000081860 1. Entity Name HILL INSURANCE AGENCY, INC.				04-17-2008 90018 001 ***150.00				
Principal Place of Business	Mailing Address							
1720 EL JORDAN ROAD SUITE 202 PORT CHARLOTTE, FL 33948 1720 EL JOBEAN ROAD SUITE 202 PORT CHARLOTTE, FL				 	Bring 1 181 Br in Fo ch 6	1841) 8 8181 (BIB) (B	RI JOHO OVIN OT	
Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03262008	Chg-P	CR2E03	34 (12/06)	
City & State	City & State	City & State		4. FEI Number 52-239				pplied For ot Applicable
Zip Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add ee Require	ditional ed
6. Name and Address of Current Registered Agent		Na	ıme	7. Name and	Address of New	Registered A	gent	-
NOLAN, JOHN 1720 EL JOBEAN RD		Str	et Address (I	to Elex Number	er is Net Acceptat		242	
SUITE 202			120.	Fr J	OREA	2	KD_	- .
PORT CHARLOTTE, FL 33948			21-E	_ ටුಲ	<u> </u>			
		Pa	5-27	CHA	21011	_ FL	77900	348
 The above named entity submits this state the obligations of registered agent. 	atement for the purpose of changing its	s registered off	ice or register	ed agent, or bot	h, in the State of F	Florida. I am fa	amiliar with,	and accept
Chans					l	11.1.	3 8	
SIGNATURE Supplement or proposed pages of sec	ustered event and title if emplicable (AIC)	TE: Pagislared Apopt					J (7	 ,
SIGNATURE Storage typed or printed name of reg	istered agent and title if applicable. (NO	TE: Registered Agent	signature required	when reinstating)		DATE	<u> </u>	,
	9. Election Campa	aign Financing	\$5.	when reinstating) 00 May Be and to Fees				
FILE NOWIII FEE IS \$15 After May 1, 2008 Fee will be	9. Election Campa	aign Financing	\$5.	00 May Be ed to Fees	CHANGES TO OF	DATE		S IN 11
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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: Z

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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