

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000132974

**FILED**  
**Aug 21, 2007**  
**Secretary of State**

**Entity Name:** COLUMBUS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1514 EAST LIVINGSTON STREET  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 531166  
ORLANDO, FL 32853

**New Mailing Address:**

**FEI Number:** 20-0396304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOFFOLI, MICHAEL L  
1514 EAST LIVINGSTON STREET  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

HUNTER RISK SERVICES, LLC  
1514 EAST LIVINGSTON STREET  
ORLANDO, FL 32803 US

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.

SIGNATURE: HUNTER RISK SERVICES, LLC

08/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TOFFOLI, MICHAEL L  
Address: 1514 EAST LIVINGSTON STREET  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HUNTER RISK SERVICES, , LLC  
Address: 1514 EAST LIVINGSTON STREET  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. TOFFOLI

P

08/21/2007

Electronic Signature of Signing Officer or Director

Date