


FILED  
Aug 25, 2005 8:00 am  
Secretary of State

08-01-2005 90027 045 \*\*\*550.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P04000087548			
1. Entity Name GENE HOOD INSURANCE, INC.			
Principal Place of Business 16435 SPRING HILL DR. SPRING, FL 34604 SPRING HILL, FL 34604		Mailing Address 16435 SPRING HILL DR. SPRING, FL 34604 SPRING HILL, FL 34604	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3329957		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADSHAW, R. WESLEY 16435 SPRING HILL DR. SPRING, FL 34604			
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 _____ DATE _____ <small>Signature typed by registered agent and like if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	D STANLEY, DAVID J 16435 SPRING HILL DR. SPRING, FL 34604 <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
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
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 exemption stated in Section 119.07(3)(f), 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>David J Stanley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		x 7/29/05 Date Daytime Phone #	

ATTACHMENT  
66026457  
Division of Corporations

## Annual Report

Annual Report Help

Document Number

P04000087548

Business Entity Name

GENE HOOD INSURANCE, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

54-2160677 20-3329957

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired

Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes ☒ No

## Principal Place of Business

Address 16435 SPRING HILL DR.  
Suite, Apt. #, etc.  
City, State SPRING, FL  
Zip Code & Country 34604

## Mailing Address

Address 16435 SPRING HILL DR.  
Suite, Apt. #, etc.  
City, State SPRING, FL  
Zip Code & Country 34604

## Name And Address of Registered Agent

Name (Last, First, Middle, Title) BRADSHAW, R. WESLEY,

-or- RA Business Name

Address (PO Box is not acceptable) 16435 SPRING HILL DR.

Suite, Apt. #, etc.

City, State SPRING, FL

Zip Code &amp; Country 34604 US

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT

66026457

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

David Stanley, PRESIDENT

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title D  
Name (Last, First, Middle, Title) STANLEY, DAVID, J,  
-or- Entity Name  
Street Address 16435 SPRING HILL DR.  
City, State SPRING, FL  
Zip Code & Country 34604

Title  
Name (Last, First, Middle, Title), , ,  
-or- Entity Name  
Street Address  
City, State,  
Zip Code & Country

Title  
Name (Last, First, Middle, Title), , ,  
-or- Entity Name  
Street Address  
City, State,  
Zip Code & Country

Title  
Name (Last, First, Middle, Title), , ,  
-or- Entity Name  
Street Address  
City, State,  
Zip Code & Country

ATTACHMENT  
# P04000087548  
66026457

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address  
City, State  
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRESIDENT

Officer/Director Signature

David Stanley

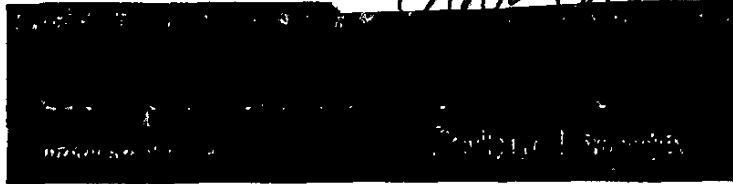
This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue    Reset

Start Over

[Sunbiz Home Page](#)

[Annual Report Help](#)

ATTACHMENT  
1602-0457

## Florida Profit

GENE HOOD INSURANCE, INC.

## PRINCIPAL ADDRESS

16435 SPRING HILL DR.  
SPRING FL 34604

## MAILING ADDRESS

16435 SPRING HILL DR.  
SPRING FL 34604Document Number  
P04000087548State  
FLFBI Number  
NONEStatus  
ACTIVEDate Filed  
06/04/2004Effective Date  
NONE

20-33329957

## Registered Agent

## Name &amp; Address

BRADSHAW, R. WESLEY  
16435 SPRING HILL DR.  
SPRING FL 34604

## Officer/Director Detail

Name & Address	Title
STANLEY, DAVID J 16435 SPRING HILL DR. SPRING FL 34604	D

## Annual Reports

Report Year	Filed Date
-------------	------------

Previous Filing

Return to List

Next Filing

No Events  
No Name History Information

*FF Doc 000087548*  
*66076457*

Document Images

Listed below are the images available for this filing.

06/04/2004 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporation Inquiry

Corporation Help