


**FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90173 023 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P04000097601</b> 1. Entity Name <b>HUGH CAIN TOWNE CENTRE INSURANCE, INC</b>		
Principal Place of Business <b>14933 MAIN STREET          ALACHUA, FL 32615</b>		Mailing Address <b>P.O. BOX 368          ALACHUA, FL 32616</b>
2. Principal Place of Business <i>14558 NW US Hwy 441</i>		3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. <i>Suite 100</i>		Suite, Apt. #, etc.
City & State <i>Alachua FL</i>		City & State
Zip <i>32615</i>	Country <i>ALACHUA</i>	Zip Country
6. Name and Address of Current Registered Agent <b>CAIN, FITZHUGH L III          24627 NW 110 AVE          ALACHUA, FL 32615</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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: <i>[Signature]</i> DATE: _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CAIN, FITZHUGH L III          24627 NW 110 AVE          ALACHUA, FL 32615</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <b>CAIN, TRACI L          24627 NW 110 AVENUE          ALACHUA, FL 32615</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or other like empowered.		
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4/28/05</i> (386) 462 7093 <small>Date Daytime Phone #</small>

66023427



04252005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1301023** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required