

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144468

Entity Name: HUMAR INSURANCE, INC.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

28870 US HWY 19 N
347
CLEARWATER, FL 33761

New Principal Place of Business:

28416 US HWY 19 N
CLEARWATER, FL 33761

Current Mailing Address:

28870 US HWY 19 N
347
CLEARWATER, FL 33761

New Mailing Address:

28416 US HWY 19 N
CLEARWATER, FL 33761

FEI Number: 20-1893907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRIOS, LUIS H
1006 FALCON RIDGE LN
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARRIOS, LUIS H
Address: 1006 FALCON RIDGE LN
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: SERNA, CLAUDIA M
Address: 1006 FALCON RIDGE LN
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS H BARRIOS

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date