

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000144468

Entity Name: HUMAR INSURANCE, INC.

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

30039 US HWY 19 N  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

30039 US HWY 19 N  
CLEARWATER, FL 33761

**New Mailing Address:**

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  
Name: BARRIOS, LUIS H  
Address: 1006 FALCON RIDGE LN  
City-St-Zip: PALM HARBOR, FL 34683

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

I hereby 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 all other like empowered.

SIGNATURE: LUIS H BARRIOS

PRES

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date