

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90023 021 ***150.00

DOCUMENT # P05000046242

1. Entity Name
HILL & COBB INSURANCE, INC.



Principal Place of Business
**215 N.E. 210TH AVENUE
CROSS CITY, FL 32628**

Mailing Address
**POST OFFICE BOX 830
CROSS CITY, FL 32628**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3160569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HILL, JERRY
215 N.E. 210TH AVENUE
CROSS CITY, FL 32628**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P,T
NAME	HILL, JERRY
STREET ADDRESS	215 N.E. 210TH AVENUE
CITY-ST-ZIP	CORSS CITY, FL 32628

TITLE	VP,S
NAME	COBB, CARRIE H
STREET ADDRESS	215 N.E. 210TH AVENUE
CITY-ST-ZIP	CROSS CITY, FL 32628

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 officers empowered.

SIGNATURE: *Carrie H. Cobb* *Carrie H. Cobb* *1/24/06 352-498-7076*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #