2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# P05000090637

Entity Name: HILLCREST INSURANCE COMPANY

Current Principal Place of Business:

4289 ETHAN LANE
ORLANDO, FL 32814

New Principal Place of Business:

7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605 US

Current Mailing Address:

4289 ETHAN LANE
ORLANDO, FL 32814

New Mailing Address:

PO BOX 142890
GAINESVILLE, FL 32614 US

FEI Number: 20-3070957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: D ( ) Delete
Name: SMITH, VERNON D
Address: 3150 N A1A #501N
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete
Name: PETRONE, ERNEST A
Address: 4289 ETHAN LANE
City-St-Zip: ORLANDO, FL 32814

Title: D ( ) Delete
Name: PETRONE, KATHY S
Address: 4289 ETHAN LANE
City-St-Zip: ORLANDO, FL 32814

Title: D ( ) Delete
Name: ESPLING, KAREN S
Address: 5772 NEWBURY CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: SMITH, CHRISTOPHER D
Address: 1480 51ST COURT
City-St-Zip: VERO BEACH, FL 32966

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVPS (X) Change ( ) Addition
Name: PETRONE, ERNEST A
Address: 1309 GREEN COVE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: DCT (X) Change ( ) Addition
Name: PETRONE, KATHY S
Address: 1309 GREEN COVE ROAD
City-St-Zip: WINTER PARK, FL 32789

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

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

Title: DP ( ) Change (X) Addition
Name: GALLAGHER, PATRICK M
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: PATRICK M. GALLAGHER DP 01/04/2006

Electronic Signature of Signing Officer or Director Date