


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90158 032 ***158.75

DOCUMENT # P05000090637 1. Entity Name HILLCREST INSURANCE COMPANY					
Principal Place of Business 7201 N.W. 11TH PLACE GAINESVILLE, FL 32605 US			Mailing Address PO BOX 142890 GAINESVILLE, FL 32614 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 14037			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee FL			
Zip	Country	Zip 32317	Country	4. FEI Number 20-3070957	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314 200 E. GAINES ST. TALLAHASSEE, FL 32399			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, VERNON D 3150 N A1A #501N FORT PIERCE, FL 34949 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PETRONE, ERNEST A 1309 GREEN COVE ROAD WINTER PARK, FL 32789 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT PETRONE, KATHY S 1309 GREEN COVE ROAD WINTER PARK, FL 32789 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPLING, KAREN S 5772 NEWBURY CIRCLE MELBOURNE, FL 32940 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHRISTOPHER D 1480 51ST COURT VERO BEACH, FL 32966 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additi 6975 65th Street VERO BEACH, FL 32967	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCFO THOMPSON, WILLIAM 7201 NW 11TH PLACE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additi	

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 changed, or on an attachment with an address with all other like empowered.

Kathy S. Petrone

4/28/08

407-740-7943