

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021568

FILED
Apr 07, 2011
Secretary of State

Entity Name: HARDIN INSURANCE, INC.

Current Principal Place of Business:

3305 ATLANTIC BLVD., STE. A
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3305 ATLANTIC BLVD., STE. A
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 56-2560282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDIN, MICHAEL C.
3305 ATLANTIC BLVD., STE. A
JACKSONVILLE, FL 32207 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

OFFICERS AND DIRECTORS:

Title: DP
Name: HARDIN, MICHAEL C.
Address: 3305 ATLANTIC BLVD., STE. A
City-St-Zip: JACKSONVILLE, FL 32207

Title: T
Name: HARDIN, TRACY M.
Address: 3305 ATLANTIC BLVD., STE. A
City-St-Zip: JACKSONVILLE, FL 32207

Title: S
Name: CROSBY, CANDACE H.
Address: 3305 ATLANTIC BLVD., STE. A
City-St-Zip: JACKSONVILLE, FL 32207

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: MICHAEL C HARDIN

PRES

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date