2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# P07000094577

Entity Name: HOLCROFT & KANDEL INSURANCE PROFESSIONALS, INC.

Current Principal Place of Business:

4485 BROOK DRIVE
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

265 INDIAN CREEK PKWY
108
JUPITER, FL 33458 US

Current Mailing Address:

265 INDIAN CREEK PARKWAY, 108
JUPITER, FL 33417

New Mailing Address:

265 INDIAN CREEK PKWY
108
JUPITER, FL 33458 US

FEI Number: 26-0777950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLCROFT, SAMUEL J
4485 BROOK DRIVE
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

HOLCROFT, SAMUEL J
265 INDIAN CREEK PKWY
108
JUPITER, FL 33458 US

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: _____ 03/12/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOLCROFT, SAMUEL J
Address: 4485 BROOK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T,S ( ) Delete
Name: HOLCROFT, STACY
Address: 4485 BROOK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOLCROFT, SAMUEL J
Address: 265 INDIAN CREEK PKWY #108
City-St-Zip: JUPITER, FL 33458 US

Title: T,S (X) Change ( ) Addition
Name: HOLCROFT, STACY
Address: 265 INDIAN CREEK PKWY #108
City-St-Zip: JUPITER, FL 33458 US

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL J. HOLCROFT PRES 03/12/2009
Electronic Signature of Signing Officer or Director — Date