

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000023354

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** ROBERT HOFFMAN INSURANCE, INC.

**Current Principal Place of Business:**

851 WEATHERSFIELD DRIVE  
DUNEDIN, FL 34698

**New Principal Place of Business:**

2744 SUMMERDALE DR. N  
CLEARWATER, FL 33761

**Current Mailing Address:**

851 WEATHERSFIELD DRIVE  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 26-4660210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOFFMAN, ROBERT  
851 WEATHERSFIELD DRIVE  
DUNEDIN, FL 34698 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:** PRES  
**Name:** HOFFMAN, ROBERT J  
**Address:** 851 WEATHERSFIELD DR.  
**City-St-Zip:** DUNEDIN, FL 34698 US

**Title:** SEC  
**Name:** HOFFMAN, LORI A  
**Address:** 851 WEATHERSFIELD DR.  
**City-St-Zip:** DUNEDIN, FL 34698

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:** ROBERT J. HOFFMAN

PRES

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date