

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000092852					
1. Entity Name HILB, ROGAL AND HAMILTON COMPANY OF SOUTH FLORIDA					
Principal Place of Business 4951 LAKE BROOK DRIVE SUITE 500 GLEN ALLEN, VA 23060-1220			Mailing Address 4951 LAKE BROOK DR 500 GLEN ALLEN, VA 23060-1220		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0544419	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P OGLESBEE, DIEDRICH D 2301 SW 27TH AVE MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VAUGHAN, MARTIN L III 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eileen F. Conlon 201 Alhambra Circle #1100 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGAL, ANDREW L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Carla M. Brown 17 Valley River Ave. Murphy NC 28906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KORMAN, TIMOTHY J 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500056391615 06/21/05--01036--004 **\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, WALTER L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, CAROLYN 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			5/10/05 828-835-8185		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED
 05 JUN 16 AM 9:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 T. Roberts JUN 20 2005



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