

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092852

FILED  
Jan 26, 2006  
Secretary of State

Entity Name: HILB ROGAL & HOBBS OF FLORIDA, INC.

## Current Principal Place of Business:

4951 LAKE BROOK DRIVE  
SUITE 500  
GLEN ALLEN, VA 230601220

## New Principal Place of Business:

201 ALHAMBRA CIRCLE  
1100  
CORAL GABLES, FL 33134

## Current Mailing Address:

4951 LAKE BROOK DRIVE  
SUITE 500  
GLEN ALLEN, VA 230601220

## New Mailing Address:

FEI Number: 65-0544419      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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: P ( ) Delete  
Name: CONLON, EILEEN F  
Address: 201 ALHAMBRA CIR #1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP ( ) Delete  
Name: VAUGHAN, MARTIN L III  
Address: 4951 LAKE BROOK DRIVE, SUITE 500  
City-St-Zip: GLEN ALLEN, VA 23060

Title: AS ( ) Delete  
Name: BROWN, CARLA M  
Address: 17 VALLEY RIER AVE  
City-St-Zip: MURPHY, NC 28906

Title: DVP ( ) Delete  
Name: KORMAN, TIMOTHY J  
Address: 4951 LAKE BROOK DRIVE, SUITE 500  
City-St-Zip: GLEN ALLEN, VA 23060

Title: DS ( ) Delete  
Name: SMITH, WALTER L  
Address: 4951 LAKE BROOK DRIVE, SUITE 500  
City-St-Zip: GLEN ALLEN, VA 23060

Title: T ( ) Delete  
Name: JONES, CAROLYN  
Address: 4951 LAKE BROOK DRIVE, SUITE 500  
City-St-Zip: GLEN ALLEN, VA 23060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: BROWN, CARLA M  
Address: 7000 CENTRAL PARKWAY, STE 700  
City-St-Zip: ATLANTA, GA 30328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER L SMITH

DS

01/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date