2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000066084

Name:

Address:

City-St-Zip:

Entity Name: HUMPHREYS VOORHEES INSURANCE INC

FILED Apr 21, 2008 Secretary of State

Littly Nai	ille. HOWETH	RE13-VOORTIEES INSURAL	NCE, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
4950 HALI STE C ORLANDO	_ RD D, FL 32817	US				
Current M	lailing Addre	ss:	New N	New Mailing Address:		
4950 HALI STE C ORLANDO	_ RD D, FL 32817	US				
FEI Number	: 59-3332053	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name	and Address o	of New Registered Agent:	
4950 HALI	EYS, LARRY (L RD STE C), FL 32817	G US				
	named entity e of Florida.	submits this statement for the	e purpose of chang	ing its registere	d office or registered agent, or both	١,
SIGNATUI	RE:					
	Electro	nic Signature of Registered A	gent		Date	-
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	HUMPHREYS, 4043 LAUREL ORLANDO, FL	BRANCH LANE	Title: Name: Address City-St-2 Title:	: 4043 LAUR	(X) Change () Addition YS, LARRY G EL BRANCH LANE FL 32817 US (X) Change () Addition	
Name: Address: City-St-Zip:	HUMPHREYS,	GLINDA BRANCH LANE	Name: Address City-St-7	HUMPHRE` : 4043 LAUR	YS, GLINDA EL BRANCH LANE FL 32817 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address City-St-2			
Title: Name:	() Delete	Title: Name:	VP MORENO, (()Change(X)Addition CHRISTINE	

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.

Address:

City-St-Zip:

2118 CARRINGTON DRIVE

ORLANDO, FL 32807 US

SIGNATURE: LARRY HUMPHREYS Ρ 04/21/2008