

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000072334

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** HURST INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1234 AIRPORT RD., STE. 115  
DESTIN, FL 32540

**New Principal Place of Business:**

396 MARY ESTHER BLVD  
FT. WALTON BEACH, FL 32548

**Current Mailing Address:**

1234 AIRPORT RD., STE. 115  
DESTIN, FL 32540

**New Mailing Address:**

396 MARY ESTHER BLVD  
FT. WALTON BEACH, FL 32548

**FEI Number:** 59-3338543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INGRAM, DOUG T JR.  
1150 AIRPORT RD #172  
DESTIN, FL 32541 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HURST, THOMAS W  
Address: 324 WALTON WAY  
City-St-Zip: MIRAMAR BEACH, FL 32550

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: THOMAS W. HURST, JR

OWNE

04/20/2012

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

\_\_\_\_\_  
Date