

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087238

Entity Name: HUNTER INSURANCE AGENCY, INC.

FILED
Jul 03, 2007
Secretary of State

Current Principal Place of Business:

1331 N MILLS AVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 533709
ORLANDO, FL 328531166

New Mailing Address:

P.O. BOX 533709
ORLANDO, FL 32853

FEI Number: 65-0627883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DINKLAGE, KENNETH H
1331 N MILLS AVE
ORLANDO, FL 32803 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KENNETH, DINKLAGE H
Address: 1331 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

Title: VP D () Delete
Name: DINKLAGE, BRIAN E
Address: 1331 N MILLS AVE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: BRIAN DINKLAGE

VP D

07/03/2007

Electronic Signature of Signing Officer or Director

Date