

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90005 037 ***150.00

DOCUMENT # P97000023931

1. Entity Name
BUNKER HILL INSURANCE OF FLORIDA, INC.



Principal Place of Business
**2451 McMULLEN BOOTH ROAD
#200
CLEARWATER, FL 33759-1362**

Mailing Address
**9821 KATY FREEWAY
STE 850
HOUSTON, TX 77024 US**

34010013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004 Chg-P CR2E034 (10/03)

4. FEI Number

59-3445101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, KIRBY
2753 STATE ROAD 580 #103
CLEARWATER, FL 34621-3351

*→ change of address
only.*

7. Name and Address of New Registered Agent

Name

Butler, Kirby

Street Address (P.O. Box Number is Not Acceptable)

2451 McMullen Booth Road #200

City

Clearwater

FL

Zip Code

33759-1362

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
THOMAS, RAYMOND L
9821 KATY-FREEWAY #850
HOUSTON, TX 770241206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
OSTER, SHELDON I
9821 KATY FREEWAY #850
HOUSTON, TX 770241206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04

Date

713-935-7400

Daytime Phone #