

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071432

Entity Name: HBH INSURANCE GROUP, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

274 BREVARD AVENUE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

PO BOX 508
COCOA, FL 329230508

New Mailing Address:

FEI Number: 59-3529207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, WENDELL
274 BREVARD AVENUE
COCOA, FL 32922 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: HARRISON, WENDELL
Address: 1675 S. FISKE BLVD #G126
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: HARRISON, MARY B
Address: 1675 S FISKE BLVD
City-St-Zip: ROCKLEDGE, FL 32955

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 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: WENDELL HARRISON

PRES

04/18/2007

Electronic Signature of Signing Officer or Director

Date