



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | | |
|---|---|--|
| DOCUMENT # P99000034239 | |  |
| 1. Entity Name THE INSURANCE AGENCY OF HOLLY HILL, INC. | | |
| Principal Place of Business 1212 RIDGEWOOD AVE. HOLLY HILL, FL 32117 | Mailing Address 1212 RIDGEWOOD AVE. HOLLY HILL, FL 32117 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent SMITH, STEVE 566 WINT'L SPEEDWAY BLVD DAYTONA BEACH, FL 32114 | | |
| DO NOT WRITE IN THIS SPACE | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD SMITH, STEPHEN M 566 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114 | |
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| 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:  | | 4-805 386-258-7283 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3569604

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

1100000312710
04/18/05-80088-014 150.00

**DO NOT WRITE
IN THIS SPACE**