## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P99000095736

1. Entity Name

FLORIDA HOMEOWNERS AND COMMERCIAL INSURANCE AGENCY, INC.

Principal Place of Business

**FHC INSURANCE** 6700-2 DANIELS PKWY FORT MYERS, FL 33912 Mailing Address

**FHC INSURANCE** 6700-2 DANIELS PKWY FORT MYERS, FL 33912

FILED Mar 04, 2008 08:00 Al **Secretary of State** 



DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0958603

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGGONER, CHIPS 8951 ABBOTSFORD TERRACE FORT MYERS, FL 33912

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its registe	red office or r	egistered agent, or bo	th, in the State of Florida. I am familiar wit	th, and accept
SIGNATURE						
	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Register	red Agent signaturi	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000847118 03/19/08-80003-022	150.00
10.	OFFICERS AND DIREC	TORS		w		
NAME STREET ADDRESS CITY-ST-ZIP	PTD WAGGONER, CHIPS 8651 ABBOTSFORD TERRACE FORT MYERS, FL 33912					ļ
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VSD WAGGONER, OWEN K 8951 ABBOTSFORD TERRACE FORT MYERS, FL 33912					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachmer

**SIGNATURE** 

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