


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # S11115	
1. Entity Name INSURANCE OF SPRING HILL, INC.	

Principal Place of Business 6189 DELTONA ROAD SPRING HILL, FL 34606-1000 US	Mailing Address 6189 DELTONA ROAD SPRING HILL, FL 34606-1000 US
---	---

DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3033377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BLAIR, DANIEL L.
12212 GREENWOOD STREET
BROOKSVILLE, FL 34613**

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 _____
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

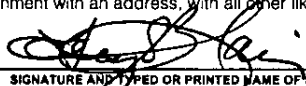
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAIR, DANIEL L. 12212 GREENWOOD STREET BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAIR, TAMMY S 12212 GREENWOOD STREET BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000775192
01/08/08-80019-022-150.00

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 attachment with an address, with all other like empowered.

SIGNATURE:  **01-04-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #