

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65476

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** HOCKMAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3438 COLWELL AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

3438 COLWELL AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-3143087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOCKMAN, RONALD S  
3438 COLWELL AVENUE  
TAMPA, FL 33614 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: HOCKMAN, RONALD S  
Address: 3438 COLWELL AVENUE  
City-St-Zip: TAMPA, FL 33614

I hereby 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 all other like empowered.

SIGNATURE: RONALD S HOCKMAN

PST

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date