

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000046643

**FILED  
Feb 01, 2017  
Secretary of State  
CC0152053142**

**Entity Name:** TERENCE J. HANBURY INSURANCE AGENCY,  
INCORPORATED

**Current Principal Place of Business:**

10220 ALLAMANDA BLVD.  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

10220 ALLAMANDA BLVD.  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 65-0298173**

**Certificate of Status Desired: No**

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

HANBURY, TERENCE J  
10220 ALLAMANDA BLVD.  
PALM BEACH GARDENS, FL 33410 US

*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

**Officer/Director Detail :**

Title	P	Title	SECRETARY/TREASERER
Name	HANBURY, TERENCE J	Name	HANBURY, BARBARA J
Address	10220 ALLAMANDA BLVD.	Address	10220 ALLAMANDA BLVD.
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

*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: TERENCE J HANBURY**

**PRESIDENT**

**02/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date