

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000024954

**FILED  
Feb 02, 2022  
Secretary of State  
4095212460CC**

**Entity Name:** TERENCE J. HANBURY INSURANCE AGENCY CORPORATION

**Current Principal Place of Business:**

10220 ALLAMANDA BOULEVARD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

10220 ALLAMANDA BOULEVARD  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 12-3456789

**Certificate of Status Desired:** No

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

HANBURY, TERENCE J  
10220 ALLAMANDA BOULEVARD  
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  
Name HANBURY, TERENCE J  
Address 10220 ALLAMANDA BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title S  
Name HANBURY, BARBARA J  
Address 10220 ALLAMANDA BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title T  
Name HANBURY, BARBARA J  
Address 10220 ALLAMANDA BOULEVARD  
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:** HANBURY, TERENCE J

**PREAIDENT**

**02/02/2022**

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

\_\_\_\_\_  
Date