

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 320728

FILED
Jan 24, 2006
Secretary of State

Entity Name: HAGAR - BRANNEN INSURANCE INC

Current Principal Place of Business:

950 WEST MAIN STREET
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

950 WEST MAIN STREET
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 59-1567162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGAR, THOMAS L.
808 W ZEPHYR ST
INVERNESS, FL 34451 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HAGAR, THOMAS L.,
Address: 808 W ZEPHYR ST
City-St-Zip: INVERNESS, FL

Title: VD () Delete
Name: HAGAR, MARGARET,
Address: 808 W ZEPHR ST
City-St-Zip: INVERNESS, FL

Title: VD () Delete
Name: HAGAR, THOMAS ANDREW,
Address: 808 W ZEPHYR ST
City-St-Zip: INVERNESS, FL 00000,

Title: VD () Delete
Name: HAGAR, GREGORY BRANN, EN
Address: 907 GREAT PINE PT
City-St-Zip: INVERNESS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS L. HAGAR

PST

01/24/2006

Electronic Signature of Signing Officer or Director

_____ Date