

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 29, 2006  
Secretary of State**

DOCUMENT# 320728

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

**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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: SVD (X) Change ( ) Addition  
Name: HAGAR, GREGORY BRANN, EN  
Address: 907 GREAT PINE PT  
City-St-Zip: INVERNESS, FL

Title: VD ( ) Change (X) Addition  
Name: THOMAS B. ELDIRIDGE,  
Address: 3109 S CYGNET TERRACE  
City-St-Zip: INVERNESS, FL 34450

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

08/29/2006

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

\_\_\_\_\_  
Date