

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 320728

**Entity Name:** HAGAR - BRANNEN INSURANCE INC

**Current Principal Place of Business:**

950 WEST MAIN STREET  
INVERNESS, FL 34450

**Current Mailing Address:**

950 WEST MAIN STREET  
INVERNESS, FL 34450 US

**FEI Number:** 59-1567162

**Certificate of Status Desired:** No

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

HAGAR, THOMAS L.  
808 W ZEPHYR ST  
INVERNESS, FL 34451 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 PST  
Name HAGAR, THOMAS L.  
Address 808 W ZEPHYR ST  
City-State-Zip: INVERNESS FL

Title VD  
Name HAGAR, MARGARET  
Address 808 W ZEPHR ST  
City-State-Zip: INVERNESS FL

Title SVD  
Name HAGAR, GREGORY BRANNEN  
Address 907 GREAT PINE PT  
City-State-Zip: INVERNESS FL

Title VD  
Name THOMAS B. ELDIRIDGE  
Address 3109 S CYGNET TERRACE  
City-State-Zip: INVERNESS FL 34450

*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:** THOMAS L. HAGAR

**PRESIDENT**

**02/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date