

**2014 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:**

BRANNEN HAGAR, GREGORY  
950 W MAIN ST  
INVERNESS, FL 34450 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            VD  
Name            THOMAS B. ELDIRIDGE  
Address        3109 S CYGNET TERRACE  
City-State-Zip: INVERNESS FL 34450

Title            PST  
Name            HAGAR, GREGORY BRANNEN  
Address        9076 E. SANDPIPER DR  
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:** GREGORY B. HAGAR

PST

01/09/2014

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

\_\_\_\_\_ Date