

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # 260285

1. Entity Name
REGAN INSURANCE AGENCY, INC.



Principal Place of Business
**90144 OVERSEAS HIGHWAY
TAVERNIER, FL 33070**

Mailing Address
**90144 OVERSEAS HIGHWAY
TAVERNIER, FL 33070**



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0978321

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**REGAN, ROBERT E.
220 TIDE AVE
TAVERNIER, FL 33070**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	REGAN, ROBERT E.
STREET ADDRESS	220 TIDE AVE
CITY - ST - ZIP	TAVERNIER, FL 33070
TITLE	ST
NAME	REGAN, CHARLEN
STREET ADDRESS	220 TIDE AVENUE
CITY - ST - ZIP	TAVERNIER, FL 33070
TITLE	VP
NAME	REGAN ROTH, CATHERINE
STREET ADDRESS	183 KAHIKI DRIVE
CITY - ST - ZIP	TAVERNIER, FL 33070
TITLE	2VP
NAME	ROTH, III, JOSEPH H
STREET ADDRESS	183 KAHIKI DRIVE
CITY - ST - ZIP	TAVERNIER, FL 33070
TITLE	T
NAME	REGAN, II, ROBERT E
STREET ADDRESS	111 BLUEBIRD ROAD
CITY - ST - ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/03/08-80048-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08

Date

Daytime Phone #