

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 260285

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** REGAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

90144 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

90144 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 59-0978321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOSEPH H. ROTH III  
183 KAHIKI DRIVE  
TAVERNIER, FL 33070 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: PT  
Name: ROTH, CATHERINE A.  
Address: 183 KAHIKI DRIVE  
City-St-Zip: TAVERNIER, FL 33070

Title: ST  
Name: ROTH, CATHERINE A.  
Address: 183 KAHAKI DRIVE  
City-St-Zip: TAVERNIER, FL 33070

Title: VP  
Name: ROTH, JOSEPH H III  
Address: 183 KAHIKI DRIVE  
City-St-Zip: TAVERNIER, FL 33070

Title: 2VP  
Name: REGAN, ROBERT E  
Address: 111 BLUEBIRD ROAD  
City-St-Zip: TAVERNIER, FL 33070

Title: T  
Name: ROTH, CATHERINE A  
Address: 183 KAHIKI DRIVE  
City-St-Zip: TAVERNIER, FL 33070

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:** CATHERINE A. ROTH

PT

03/21/2011

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

\_\_\_\_\_  
Date