

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654141

FILED  
Feb 23, 2010  
Secretary of State

**Entity Name:** LELAND H. BAGGETT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6260 W ATLANTIC BLVD  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

6260 W ATLANTIC BLVD  
MARGATE, FL 33063 US

**New Mailing Address:**

11061 NW 29 STREET  
CORAL SPRINGS, FL 33065

**FEI Number:** 59-1988648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAGGETT, LELAND H  
6260 W ATLANTIC BLVD  
MARGATE, FL 33063 US

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

BAGGETT, LELAND H  
11061 NW 29 STREET  
CORAL SPRINGS, FL 33065 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:

02/23/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BAGGETT, LELAND H  
Address: 11061 NW 29 STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: V PR  
Name: BAGGETT, LINDA H V PRES  
Address: 11061 NW 29 STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S T  
Name: KUCHENBECKER, DENISHA A SEC TR  
Address: 4255 NW 81 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: LELAND H. BAGGETT

PRES

02/23/2010

Electronic Signature of Signing Officer or Director

Date