


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90024 019 ***150.00

DOCUMENT # F02000001167	
1. Entity Name RGL FINANCIAL, INC.	

Principal Place of Business 18551 VON KARMAN STE 120 IRVINE, CA 92612	Mailing Address 18551 VON KARMAN STE 120 IRVINE, CA 92612
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

HARRINGTON-KLEITCH, MORIA 5490 YARMOUTH LANE SARASOTA, FL 34233	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARSON, RANDALL G 28121 HIBISCUS LAGUNA NIGUEL, CA 92677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LARSON, VIRGINIA 28121 HIBISCUS LAGUNA NIGUEL, CA 92677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, RUSSELL 2756 BLEMONT CT. BREA, CA 92621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D. Kline, Russell 2756 Belmont Ct Brea Ca 92621</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Randall G Larson* **8/9/07 9:49/862-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **7227**

ATTACHMENT

40130582



JGF/Davey & Larson/Swank

Insurance Services

24 August 2007

Director of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Non-Resident-Licensing and Notice of Intent to Dissolve
Doc# F02000001167 RGL Financial, Inc.,

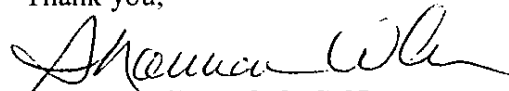
Dear Sirs:

I never received a card of renewal from your state in order to send you the \$150.00 normal fee. I have only received this Notice of Intent to Dissolve. Please accept the \$150.00 to renew our non-resident license as we have in the past. I appreciate your considerations in this matter.

Our address will change when we move on November 1, 2007 at which time it will become 9070 Irvine Center Drive Ste. 280, Irvine, CA 92618-4692.

I appreciate your consideration in helping us with this matter. Please accept the \$150.00 instead of us being penalized and having to pay the \$550.

Thank you,


Shannan Wilson, CIC, CISR

skw

☐ JGF / Davey & Larson
Insurance Services

☐ Swank Insurance
Services

CA. LIC. 0739053
0662658

Member of
Consolidated
Orange County
Insurance Agencies, Inc.

CORPORATE OFFICES
18551 Von Karman Avenue
Suite 120
Irvine, California
92612-1553

949-862-4900
Fax 949-261-0535
www.rginsurance.com