

ANNUAL REPORT (AR)

DOCUMENT # G01952

1. Entity Name

JOSEPH F. MCDERMOTT INSURANCE AGENCY, INC.



FILED
Jan 25, 2007 08:00 AM
Secretary of State



| | | | | | |
|--|----------------------|---|---------|---|---|
| Principal Place of Business 4500 BELVEDERE RD SUITE E WEST PALM BEACH FL 33415 | | Mailing Address 4500 BELVEDERE RD SUITE E WEST PALM BEACH FL 33415 | | 1st MOORE CR2E034 (10/06) | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 4. FEI Number 59-2230980 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent MCDERMOTT, JOSEPH F. 4500 BELVEDERE RD., S-E WEST PALM BEACH FL 33415 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 reissuing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 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 | PD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDERMOTT, JOSEPH F. | | | NAME | |
| STREET ADDRESS | 2428 BIMINI DR. | | | STREET ADDRESS | |
| CITY ST ZIP | W. PALM BEACH FL | | | CITY ST ZIP | |
| TITLE | ST | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDERMOTT, LINDA K. | | | NAME | |
| STREET ADDRESS | 2428 BIMINI DR. | | | STREET ADDRESS | |
| CITY ST ZIP | W. PALM BEACH FL | | | CITY ST ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY ST ZIP | | | | CITY ST ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY ST ZIP | | | | CITY ST ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY ST ZIP | | | | CITY ST ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Joseph McDermott</u> | | | | JOSEPH MCDERMOTT 1/22/07 (561)683-7506 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone if | |