

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G48122

FILED
Jan 03, 2007
Secretary of State

Entity Name: MCTAGGART INSURANCE AGENCY LTD., INC.

Current Principal Place of Business:

9900 STIRLING RD
#229
COOPER CITY, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

610 NW 93RD TERRACE
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 59-2325440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCTAGGART, DONALD G.
610 NW 93RD TERRACE
PEMBROKE PINES, FL 33024 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCTAGGART, DONALD G
Address: 610 NW 93 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: MCTAGGART, GRACIELA
Address: 610 NW 93 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DON MC TAGGART

PD

01/03/2007

Electronic Signature of Signing Officer or Director

Date