

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26803

FILED
Apr 24, 2008
Secretary of State

Entity Name: MCBRIDE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1250 SOUTH U.S. HWY 17-92, SUITE 220
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1250 SOUTH U.S. HWY 17-92, SUITE 220
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-2460580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUSAK MICHAEL J.
1250 S HIGHWAY 17-92
SUITE 220
LONGWOOD, FL 32750 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: PRUSAK, MICHAEL, J.
Address: 2313 RIVER TREE CIRCLE
City-St-Zip: SANFORD, FL

Title: ST () Delete
Name: PRUSAK, CARLA M
Address: 2313 RIVER TREE CIRCLE
City-St-Zip: SANFORD, FL

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 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: MICHAEL J PRUSAK

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date