2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# H26803

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 PD
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

OFFICERS AND DIRECTORS:

Title: PD
Name: PRUSAK, MICHAEL J PD
Address: 2313 RIVER TREE CIRCLE
City-St-Zip: SANFORD, FL

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

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: MICHAEL J. PRUSAK PD 01/07/2011

Electronic Signature of Signing Officer or Director — Date