

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76189

FILED
Feb 15, 2009
Secretary of State

Entity Name: A.G.M. INSURANCE AGENCY, INC.

Current Principal Place of Business:

1300 EAST BROWARD BOULEVARD
SUITE 2
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4848
FORT LAUDERDALE, FL 33338 US

New Mailing Address:

FEI Number: 65-0108783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENFROE, R. MITCH
150 N.E. 15TH AVENUE
251
FORT LAUDERDALE, FL 33301 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: RENFROE, R. MITCH
Address: 717 N.E. 18TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: STVD () Delete
Name: RENFROE, VIRGINIA M
Address: 717 N.E. 18TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: R. MITCH RENFROE

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02/15/2009

Electronic Signature of Signing Officer or Director

Date