

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089740

FILED
Apr 19, 2009
Secretary of State

Entity Name: MC DONALD'S INSURANCE AGENCY, INC.

Current Principal Place of Business:

5601 CORPORATE WAY
#110
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

640 EDGEBROOK LANE
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-1041597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC DONALD, LABRINA B
640 EDGEBROOK LANE
WEST PALM BEACH, FL 33411 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: O () Delete
Name: MC DONALD, LA BRINA B
Address: 640 EDGEBROOK LANE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: O () Delete
Name: MC DONALD, RAYMONDO A
Address: 640 EDGEBROOK LANE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MC DONALD, LA BRINA B
Address: 640 EDGEBROOK LANE
City-St-Zip: WEST PALM BEACH, FL 33411

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: LABRINA MCDONALD

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date