


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 001 ***150.00

DOCUMENT # P01000007074	
1. Entity Name LIMCANGCO INSURANCE AGENCY, INC.	

Principal Place of Business 2779-A CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308	Mailing Address 2779-A CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308
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Moving April 11th 4/11/07

2. Principal Place of Business - No P.O. Box # 2742 Capital Circle N.E.	3. Mailing Address 2742 Capital Circle N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee	City & State Tallahassee
Zip 32308	Zip 32308
Country Leon	Country Leon



1st MOORE CR2E034 (10/06)

4. FEI Number 59-3690425	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIMCANGCO, D. MARK 9828 WATERS MEET DR TALLAHASSEE FL 32312	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when registering)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D LIMCANGCO, D. MARK 9828 WATERS MEET DR TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. Mark Limcangco <i>[Signature]</i>	Date 4/4/07	Daytime Phone # 850-893-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		