

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000102183

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** EAGLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4202 W. LINEBAUGH AVE.  
TAMPA, FL 33624 US

**New Principal Place of Business:**

10424 NO DALE MABRY AVE  
TAMPA, FL 33616 US

**Current Mailing Address:**

4202 W. LINEBAUGH AVE.  
TAMPA, FL 33624 US

**New Mailing Address:**

10424 NO DALE MABRY AVE  
TAMPA, FL 33616 US

**FEI Number:** 75-3082593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCARTY, DAVID C  
11827 SNAPDRAGON ROAD  
TAMPA, FL 33635 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: D  
Name: MCCARTY, DAVID C  
Address: 11827 SNAPDRAGON ROAD  
City-St-Zip: TAMPA, FL 33635 US

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:** DAVID MCCARTY

MR

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date