

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000019199**

1. Entity Name  
**N J G INSURANCE AGENCY, INC.**



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>9913 W 64TH COURT PARKLAND, FL 33076 US</b>	Mailing Address <b>9913 W 64TH COURT PARKLAND, FL 33076 US</b>
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DO NOT WRITE IN THIS SPACE

07072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0664556</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GALT, NIGEL J  
9913 W 64TH COURT  
PARKLAND, FL 33076**

DO NOT WRITE  
IN THIS SPACE

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>GALT, NIGEL J</b>	<b>9913 W 64TH COURT</b>	<b>PARKLAND, FL 33076</b>
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U00000957002  
08/04/08-20003-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Nigel Galt* **NIGEL GALT** 7/9/08 954-227-9058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date