

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000099824

FILED
Apr 29, 2009
Secretary of State

Entity Name: MAJ GENERAL LINES INSURANCE AGENCY, INC.

Current Principal Place of Business:

8539 NW 20 CT
SUNRISE, FL 33321

New Principal Place of Business:

Current Mailing Address:

8539 NW 20 CT
SUNRISE, FL 33321

New Mailing Address:

FEI Number: 55-0881907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, MARC A
8539 NW 20 CT
SUNRISE, FL 33321 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: P () Delete
Name: JOSEPH, MARC A
Address: 8539 NW 20 CT
City-St-Zip: SUNRISE, FL 33321

Title: VP () Delete
Name: FLEURISSAINT, JUSTIN
Address: 4636
City-St-Zip: DE LEON ST #231, FL 33907

Title: TREA () Delete
Name: JACQUES, CERES M
Address: 15682 ANGELICA DRIVE
City-St-Zip: ALVA, FL 33920

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DEANORD, GUY
Address: P O BOX 690833
City-St-Zip: VERO BEACH, FL 32969

Title: TREA (X) Change () Addition
Name: ROFFANE, WILKINS
Address: P O BOX 669313
City-St-Zip: POMPANO BEACH, FL 33066

Title: DIR () Change (X) Addition
Name: JOSEPH, GARY
Address: 8539 NW 20TH COURT
City-St-Zip: SUNRISE, FL 33322

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: MARC ANDRE JOSEPH

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date