

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157502

Entity Name: MCGRADY INSURANCE, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

7635 ASHLEY PARK CT
503U
ORLANDO, FL 32835

New Principal Place of Business:

7635 ASHLEY PARK CT
503-O
ORLANDO, FL 32835

Current Mailing Address:

7635 ASHLEY PARK CT
503U
ORLANDO, FL 32835

New Mailing Address:

7635 ASHLEY PARK CT
503-O
ORLANDO, FL 32835

FEI Number: 20-3880890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGRADY, DEBRA
7015 BARBY LANE
ORLANDO, FL 32812 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: PVST () Delete
Name: MCGRADY, DEBRA
Address: 7015 BARBY LANE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: MCGRADY, JEFFREY
Address: 7015 BARBY LANE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: MCGRADY, DEBRA
Address: 7015 BARBY LANE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEBRA MCGRADY

MRS

04/15/2009

Electronic Signature of Signing Officer or Director

Date