

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157502

Entity Name: MCGRADY INSURANCE, INC.

FILED  
Apr 24, 2012  
Secretary of State

**Current Principal Place of Business:**

5401 S KIRKMAN RD - STE. 310  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**  
5401 S KIRKMAN RD - STE. 310  
ORLANDO, FL 32819

**New Mailing Address:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

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: DEBRA MCGRADY

PRES

04/24/2012

Electronic Signature of Signing Officer or Director

Date