

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90102 029 ***158.75

DOCUMENT # P06000003542					
1. Entity Name MCFADDEN INSURANCE SERVICES, INC.					
Principal Place of Business 10407 LAKE GROVE DR. ODESSA, FL 33556			Mailing Address 10407 LAKE GROVE DR. ODESSA, FL 33556		
2. Principal Place of Business - No P.O. Box # 2107 GUNN HWY Suite, Apt. #, etc. 104		3. Mailing Address 2107 GUNN HWY Suite, Apt. #, etc. 104			
City & State ODESSA FL		City & State ODESSA FL			
Zip 33556		Country USA		4. FEI Number 86-1156156	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCFADDEN, DAVID A 10407 LAKE GROVE DR. ODESSA, FL 33556			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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: DATE: 5/1/07 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME MCFADDEN, DAVID A		<input type="checkbox"/> Delete		
STREET ADDRESS 10407 LAKE GROVE DR.	CITY-ST-ZIP ODESSA, FL 33556		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DST	NAME MCFADDEN, CYNTHIA L		<input type="checkbox"/> Delete		
STREET ADDRESS 10407 LAKE GROVE DR.	CITY-ST-ZIP ODESSA, FL 33556		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			5/1/07 (813) 920-0000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day/Type Phone #</small>		

40106396



05012007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP	NAME MCFADDEN, DAVID A	<input type="checkbox"/> Delete
STREET ADDRESS 10407 LAKE GROVE DR.	CITY-ST-ZIP ODESSA, FL 33556	
TITLE DST	NAME MCFADDEN, CYNTHIA L	<input type="checkbox"/> Delete
STREET ADDRESS 10407 LAKE GROVE DR.	CITY-ST-ZIP ODESSA, FL 33556	
TITLE _____	NAME _____	<input type="checkbox"/> Delete
STREET ADDRESS _____	CITY-ST-ZIP _____	
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STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____	<input type="checkbox"/> Delete
STREET ADDRESS _____	CITY-ST-ZIP _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Type Phone #