

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064475

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** I.J. MCDONALD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

37414 CYPRESS AVENUE  
CANAL POINT, FL 33438

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 183  
CANAL POINT, FL 33438

**New Mailing Address:**

**FEI Number:** 56-2581519      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, TERESA A  
3137 AVENUE  
RIVIERA BEACH, FL 33404      US

**Name and Address of New Registered Agent:**

NELSON, TERESA A  
3137 AVENUE H EAST  
RIVIERA BEACH, FL 33404      US

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: \_\_\_\_\_ 04/30/2010  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCDONALD, ISABELLE J  
Address: 37414 CYPRESS AVENUE  
City-St-Zip: CANAL POINT, FL 33438

Title: VP  
Name: MCDONALD, KENNETH  
Address: 37414 CYPRESS AVENUE  
City-St-Zip: CANAL POINT, FL 33438

Title: S/T  
Name: DOWDELL, TAMARA  
Address: 37414 CYPRESS AVENUE  
City-St-Zip: CANAL POINT, FL 33438

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: ISABELLE J. MCDONALD      P      04/30/2010  
Electronic Signature of Signing Officer or Director      Date