

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048876

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** STEPHANIE MCDONALD INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

620 N. DENNING DR., SUITE 100  
WINTER PARK, FL 32789

**New Principal Place of Business:**

4753 LINCOLN AVENUE  
ORLANDO, FL 32819 US

**Current Mailing Address:**

620 N. DENNING DR., SUITE 100  
WINTER PARK, FL 32789

**New Mailing Address:**

4753 LINCOLN AVENUE  
ORLANDO, FL 32819 US

**FEI Number:** 20-8893989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDONALD, STEPHANIE  
620 N. DENNING DR., SUITE 100  
WINTER PARK, FL 32789 US

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

MCDONALD, STEPHANIE  
4753 LINCOLN AVENUE  
ORLANDO, FL 32819 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:

02/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MCDONALD, STEPHANIE  
Address: 4753 LINCOLN AVENUE  
City-St-Zip: ORLANDO, FL 32819 US

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: STEPHANIE MCDONALD

PRES

02/24/2011

Electronic Signature of Signing Officer or Director

Date