2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# P08000022047

Entity Name: LOYAL 2 U INSURANCE AGENCY, INC

Current Principal Place of Business:

5170 MARINER BLVD.
SPRING HILL, FL 34609

New Principal Place of Business:

5170 MARINER BLVD.
SPRING HILL, FL 346091802

Current Mailing Address:

5170 MARINER BLVD.
SPRING HILL, FL 34609

New Mailing Address:

5170 MARINER BLVD.
SPRING HILL, FL 346091802

FEI Number: 26-2180390 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STAGNITTA, MARIA
5170 MARINER BLVD.
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

STAGNITTA, MARIA A
5170 MARINER BLVD.
SPRING HILL, FL 34609 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: MARIA A. STAGNITTA 02/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TIGLAO, ROGELIO A
Address: 3109 GREYNOLDS AVENUE
City-St-Zip: SPRING HILL, FL 346084226

Title: D ( ) Delete
Name: STAGNITTA, MARIA A
Address: 3109 GREYNOLDS AVENUE
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TIGLAO, ROGELIO A
Address: 5170 MARINER BLVD
City-St-Zip: SPRING HILL, FL 346091802

Title: D (X) Change ( ) Addition
Name: STAGNITTA, MARIA A
Address: 5170 MARINER BLVD
City-St-Zip: SPRING HILL, FL 346091802

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: MARIA A. STAGNITTA DIR 02/05/2009
Electronic Signature of Signing Officer or Director Date