

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000022047

FILED
Apr 06, 2009
Secretary of State**Entity Name:** LOYAL 2 U INSURANCE AGENCY, INC**Current Principal Place of Business:**5170 MARINER BLVD.
SPRING HILL, FL 346091802**New Principal Place of Business:****Current Mailing Address:**5170 MARINER BLVD.
SPRING HILL, FL 346091802**New Mailing Address:****FEI Number:** 26-2180390**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STAGNITTA, MARIA A
5170 MARINER BLVD.
SPRING HILL, FL 34609 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: D () Delete
Name: TIGLAO, ROGELIO A
Address: 5170 MARINER BLVD
City-St-Zip: SPRING HILL, FL 346091802

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC () Change (X) Addition
Name: STAGNITTA, MARIA A
Address: 5170 MARINER BLVD.
City-St-Zip: SPRING HILL, FL 34609

Title: TREA () Change (X) Addition
Name: STAGNITTA, MARIA A
Address: 5170 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

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: VICE PRESIDENT/DIRECTOR

MAS

04/06/2009

Electronic Signature of Signing Officer or Director

Date