

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068751

FILED
Mar 31, 2009
Secretary of State

Entity Name: MICHAEL MCDONALD INSURANCE AGENCY, INC.

Current Principal Place of Business:

2700 IMMOKALEE ROAD
SUITE 4
NAPLES, FL 34110

New Principal Place of Business:

15205 COLLIER BLVD
SUITE 106
NAPLES, FL 34119

Current Mailing Address:

2700 IMMOKALEE ROAD
SUITE 4
NAPLES, FL 34110

New Mailing Address:

15205 COLLIER BLVD
SUITE 106
NAPLES, FL 34119

FEI Number: 80-0213524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, MICHAEL
2700 IMMOKALEE ROAD
SUITE 4
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

MCDONALD, MICHAEL
15205 COLLIER BLVD
SUITE 106
NAPLES, FL 34119 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: MICHAEL MCDONALD

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: MCDONALD, MICHAEL
Address: 2700 IMMOKOLEE ROAD # 4
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: MCDONALD, MICHAEL
Address: 15205 COLLIER BLVD. #106
City-St-Zip: NAPLES, FL 34119

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: MICHAEL MCDONALD

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date