


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90010 033 \*\*\*150.00

<b>DOCUMENT # P93000075685</b>		
1. Entity Name <b>R.G.L. INSURANCE AGENCY, INC.</b>		
Principal Place of Business <del>4801 S UNIVERSITY DR</del> <del>#249</del> <del>DAVIE FL 33328</del>	Mailing Address <del>4801 S UNIVERSITY DR</del> <del>#249</del> <del>DAVIE FL 33328</del>	



2. Principal Place of Business <b>RGL Insurance Agency</b> <b>1000 West McNab Road, Suite 241</b> <b>Pompano Beach, Florida 33069</b>	3. Mailing Address <b>RGL Insurance Agency</b> <b>1000 West McNab Road, Suite 241</b> <b>Pompano Beach, Florida 33069</b>
--	--

1st MOORE CR2E034 (10/05)

Zip	Country	Zip	Country	4. FEI Number <b>65-0447338</b>	Applied For <input type="checkbox"/> Not Applicable
-----	---------	-----	---------	------------------------------------	--

6. Name and Address of Current Registered Agent <b>WARNER, JACK D</b> <b>1152 N UNIVERSITY DR</b> <b>PEMBROKE PINES FL 33024</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
---	--	---	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEGGETT, GRADY L 3040 ROSEWOOD CT DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEGGETT, CANDACE F 3040 ROSEWOOD CT DAVIE FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an affidavit, with all other like empowered.

**SIGNATURE:**  **DATE:** 3/25/06 **DAYTIME PHONE #:** 954 703 9120