

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000075685

1. Entity Name

R.G.L. INSURANCE AGENCY, INC.



Principal Place of Business

RGL INSURANCE AGENCY
1000 WEST MCNAB RD., SUITE 241
POMPANO BEACH, FL 33069

Mailing Address

RGL INSURANCE AGENCY
1000 WEST MCNAB RD., SUITE 241
POMPANO BEACH, FL 33069



02132007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0447338

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARNER, JACK D
1152 N UNIVERSITY DR
PEMBROKE PINES, FL 33024

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
LEGGETT, GRADY L
3040 ROSEWOOD CT
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
LEGGETT, CANDACE F
3040 ROSEWOOD CT
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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02/26/07-80066-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07 954 926 6155