## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000075685

Entity Name: R.G.L. INSURANCE AGENCY, INC.

FILED Apr 08, 2009 Secretary of State

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

**Current Mailing Address: New Mailing Address:** 

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

FEI Number: 65-0447338 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete LEGGETT, GRADY L Name: 3040 ROSEWOOD CT Address: City-St-Zip: **DAVIE, FL 33328** 

> VSD (X) Delete

Title: Name: LEGGETT, CANDACE F 3040 ROSEWOOD CT Address: **DAVIE, FL 33328** City-St-Zip:

Title: (X) Change ( ) Addition

Name: LEGGETT, GRADY L

1000 WEST MCNAB ROAD STE:241 Address:

City-St-Zip: POMPANO BCH, FL 33069

Title: () Change () Addition

Name: Address: City-St-Zip:

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: GRADY L LEGGETT **PRES** 04/08/2009