

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000008111
 1. Entity Name
 MCHENRY INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
 1066 US HWY 3315 1066 US HWY 3315
 DEFUNIAK SPRINGS, FL 32435 DEFUNIAK SPRINGS, FL 32435



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3567840 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCHENRY, JAMES R
 608 TWIN LAKE DRIVE
 DEFUNIAK SPRINGS, FL 32433

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election of Non-Financing Trust Fund Distribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCHENRY, JAMES R 668 TWIN LAKE DRIVE DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCHENRY, ROSEMARY S 668 TWIN LAKE DRIVE DEFUNIAK SPRINGS, FL 32433
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12. I hereby certify that the information supplied with this filing does not conflict with 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 employees.

SIGNATURE: JR Mcherry SR Mcherry 2/24/06 (800)892-2134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #