

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008111

**FILED**  
**Jul 12, 2007**  
**Secretary of State**

**Entity Name:** MCHENRY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1066 US HWY 3315  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

1066 US HWY 331 SOUTH  
DEFUNIAK SPRINGS, FL 32435

**Current Mailing Address:**

1066 US HWY 3315  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

1066 US HWY 331 SOUTH  
DEFUNIAK SPRINGS, FL 32435

**FEI Number:** 59-3567840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCHENRY, JAMES R  
608 TWIN LAKE DRIVE  
DEFUNIAK SPRINGS, FL 32433 US

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

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:**

Title: D ( ) Delete  
Name: MCHENRY, JAMES R  
Address: 668 TWIN LAKE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D ( ) Delete  
Name: MCHENRY, ROSEMARY S  
Address: 668 TWIN LAKE DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES R. MCHENRY

PRES

07/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date