2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# S14484

Entity Name: MCMAHON-HADDER INSURANCE, INC.

Current Principal Place of Business:

375 N 9TH AVE
PENSACOLA, FL 32501 US

New Principal Place of Business:

375 N 9TH AVE
SUITE A
PENSACOLA, FL 32502 US

Current Mailing Address:

375 N 9TH AVE
PENSACOLA, FL 32501 US

New Mailing Address:

375 N 9TH AVE
SUTIE A
PENSACOLA, FL 32502 US

FEI Number: 59-3032884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCMAHON, DONALD III
3281 SEVILLE DRIVE
PENSACOLA, FL 32503 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: PD ( ) Delete
Name: MCMAHON, DONALD III,
Address: 3281 SEVILLE DRIVE
City-St-Zip: PENSACOLA, FL

Title: VPD ( ) Delete
Name: HADDER, WILLIAM H
Address: 5582 TIMBER CREEK DR
City-St-Zip: MILTON, FL 32571

Title: VPST ( ) Delete
Name: MCMAHON, JOHN
Address: 287 PLANTATION HILL RD
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: THERESA LOCICERO CONT 01/10/2006

Electronic Signature of Signing Officer or Director Date