

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # S41417

1. Entity Name
MCARTHUR INSURANCE AGENCY, INC.



Principal Place of Business
**13551 WALSINGHAM RD
LARGO, FL 33774-3530 US**

Mailing Address
**13551 WALSINGHAM RD
LARGO, FL 33774 US**



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
69-3061063

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCARTHUR, DOUGLAS M
11050 SPRING ST
LARGO, FL 33774**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**000000495248
04/21/06-80003-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCARTHUR, DOUGLAS M.
11050 SPRING STREET
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
MCARTHUR, MARSHA J.
11050 SPRING STREET
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCARTHUR, MARSHA J.
11050 SPRING STREET
LARGO, FL 33774**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/30/2006 927 597-0398
Date Daytime Phone #