


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90057 027 ***150.00

DOCUMENT # P01000051727	
1. Entity Name GEHRING INSURANCE, INC.	

Principal Place of Business 1001 NORTH US HIGHWAY ONE SUITE 300 JUPITER FL 33477	Mailing Address 1001 NORTH US HIGHWAY ONE SUITE 300 JUPITER FL 33477
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2. Principal Place of Business 3801 PGA BOULEVARD SUITE 807 PALM BEACH GARDENS, FL 33410 U.S.A.	3. Mailing Address 3801 PGA BOULEVARD SUITE 807 PALM BEACH GARDENS, FL 33410 U.S.A.
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1st MOORE CR2E034 (10/05)

4. FEI Number 65-1113015		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GEHRING, KLIF 334 JACARANDA DRIVE JUPITER FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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  **KLIF GEHRING** DATE **2/2/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when converting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHRING, KLIF 334 JACARANDA DRIVE JUPITER FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **KLIF GEHRING** DATE **2/2/06** (561) 630-6247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR