


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # V07174

1. Entity Name
GENTRY INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address

P.O. BOX 2046
APOPKA, FL 32704-2046 US

1031 W. MORSE BLVD.
SUITE 300
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3104309 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOULTON, LESLEY
1031 W. MORSE BLVD.
STE. 300
WINTER PARK, FL 32789

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000261291
03/14/05-80005-001 150 00

10. OFFICERS AND DIRECTORS

TITLE	DCS
NAME	BARNES, JAMES T., JR.
STREET ADDRESS	1031 W. MORSE BLVD. #300
CITY-ST-ZIP	WINTER PARK, FL
TITLE	DP
NAME	LIEBKNECHT, DEBRA E.
STREET ADDRESS	2121 SEMORAN BLVD.
CITY-ST-ZIP	APOPKA, FL
TITLE	AS
NAME	MOULTON, LESLEY
STREET ADDRESS	1031 W MORSE BLVD. #300
CITY-ST-ZIP	WINTER PARK, FL
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 exemption stated in Section 119.07(3)(f), 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: Debra Liebknecht 3-10-05 407-886-3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #