

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07174

**FILED
Mar 20, 2015
Secretary of State
CC0462814166**

Entity Name: GENTRY INSURANCE AGENCY, INC.

Current Principal Place of Business:

175 E. MAIN STREET
STE 200
APOPKA, FL 32703

Current Mailing Address:

PO BOX 2046
APOPKA, FL 32704 US

FEI Number: 59-3104309

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIEBKNECHT, DEBRA E
175 E. MAIN STREET
STE 200
APOPKA, FL 32703 US

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: DEBRA E LIEBKNECHT

03/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER
Name CLARK, FAWN P
Address PO BOX 2046
City-State-Zip: APOPKA FL 32704

Title DIRECTOR, PRESIDENT
Name LIEBKNECHT, DEBRA E
Address PO BOX 2046
City-State-Zip: APOPKA FL 32704

Title VP
Name MARCANO, LORRAINE
Address PO BOX 2046
City-State-Zip: APOPKA FL 32704

I hereby 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 all other like empowered.

SIGNATURE: FAWN P CLARK

SECRETARY

03/20/2015

Electronic Signature of Signing Officer/Director Detail

Date