

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 240124

FILED
Mar 17, 2006
Secretary of State

Entity Name: ROGERS, GUNTER, VAUGHN INSURANCE, INC.

Current Principal Place of Business:

1117 THOMASVILLE RD
PO BOX 12099
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

PO BOX 12099
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-0912250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, SAMUEL B JR
1117 THOMASVILLE RD
TALLAHASSEE, FL 32303 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: P () Delete
Name: VAUGHN, KEVIN
Address: 9025 GLEN EAGLE WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: BM () Delete
Name: ROGER, S B SR
Address: 3710 GALWAY DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: TCFO () Delete
Name: ROGERS, SAMUEL B., J, R.
Address: 1741 MARSTON PL
City-St-Zip: TALLAHASSEE, FL

Title: CCEO () Delete
Name: GUNTER, WILLIAM,
Address: 1117 SAVANNAH TRACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: BRT () Delete
Name: VAUGHN, IRA ROD
Address: 902 GOLFVIEW AVE
City-St-Zip: TAMPA, FL

Title: EVP () Delete
Name: GARTER, BART
Address: 3449 MAHONEY DR.
City-St-Zip: TALLAHASSEE, FL 32309

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:

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: SAM ROGERS JR

TCFO

03/17/2006

Electronic Signature of Signing Officer or Director

Date