

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 240124

FILED  
Apr 26, 2007  
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:

1117 THOMASVILLE RD  
TALLAHASSEE, FL 32303

## 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 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: SAMUEL ROGERS, JR.

TCFO

04/26/2007

Electronic Signature of Signing Officer or Director

Date