2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 240124

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

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
	MASVILLE RD SEE, FL 32300	3			
Current Mailing Address:			New Mailir	New Mailing Address:	
PO BOX 12099 TALLAHASSEE, FL 32317					
FEI Number: 59-0912250 FEI Number Applied For () FEI Nu		El Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ROGERS, SAMUEL B JR 1117 THOMASVILLE RD TALLAHASSEE, FL 32303 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State		ibilitis tilis statement for the purp	ose of changing it	s registered office of registered agent, of both,	
SIGNATUR					
	Electronic	Signature of Registered Agent		Date	
Election Cam		2)(b), F.S., the corporation did not red Trust Fund Contribution ().	·	s. S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		Delete LE WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BM ()[ROGER, S B SR 3710 GALWAY D TALLAHASSEE,		Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition ROGER, S B SR 3710 GALWAY DR TALLAHASSEE, FL 32312	
Title: Name: Address: City-St-Zip:	TCFO ()[ROGERS, SAMU 1741 MARSTON TALLAHASSEE,	PL	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition ROGERS, SAMUEL B., J, R. 1741 MARSTON PL TALLAHASSEE, FL	
Title: Name: Address: City-St-Zip:	CCEO ()[GUNTER, WILLIA 1117 SAVANNAH TALLAHASSEE,	M, TRACE	Title: Name: Address: City-St-Zip:	CHR (X) Change () Addition GUNTER, WILLIAM, 1117 SAVANNAH TRACE TALLAHASSEE, FL 32312	
Title: Name: Address: City-St-Zip:	BRT () E VAUGHN, IRA RO 902 GOLFVIEW TAMPA, FL		Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition WOOD, JONATHON 2780 MCFARLANE COURT TALLAHASSEE, FL 32303	
Title: Name: Address: City-St-Zip:	EVP () [GARTER, BART 3449 MAHONEY TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition	

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 B ROGERS, JR. CEO 05/01/2008