

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 591085

FILED
Feb 23, 2006
Secretary of State

Entity Name: GILMORE INSURANCE & BONDING, INC.

Current Principal Place of Business:

151 MARY ESTHER BLVD
501
MARY ESTHER, FL 32569 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 249
MARY ESTHER, FL 32569 US

New Mailing Address:

FEI Number: 59-1853008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GILMORE, DUANE
151 MARY ESTHER BLVD
STE 501
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

GILMORE, DUANE O PRES.
151 MARY ESTHER BLVD
STE 501
MARY ESTHER, FL 32569 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: DUANE O. GILMORE

02/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILMORE, DUANE O PRES.
Address: 151 MARY ESTHER BLVD. SUITE 501
City-St-Zip: MARY ESTHER, FL 32569

Title: VP () Delete
Name: JENSEN, KEN K
Address: 151 MARY ESTHER BLVD. SUITE 501
City-St-Zip: MARY ESTHER, FL 32569 US

Title: SEC () Delete
Name: GILMORE, HOUSTON O
Address: 151 MARY ESTHER BLVD. SUITE 501
City-St-Zip: MARY ESTHER, FL 32569 US

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:

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: DUANE O. GILMORE

PRES

02/23/2006

Electronic Signature of Signing Officer or Director

Date