

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 609989

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: GEORGE L. FREY INSURANCE AGENCY, INC.

## Current Principal Place of Business:

755 W HWY 434, STE I  
LONGWOOD, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

755 HWY 434, SUITE I  
LONGWOOD, FL 32750

## New Mailing Address:

FEI Number: 59-1875663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREY, GEORGE L  
755 W HWY 434, STE I  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

FRY, GREGORY T  
755 W HWY 434, STE I  
LONGWOOD, FL 32750 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: GREGORY T FRY

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: FRY, GREGORY  
Address: 755 W. HWY 434, STE I  
City-St-Zip: LONGWOOD, FL 32750

Title: PD ( ) Delete  
Name: FREY, GEORGE L,  
Address: 755 W. HWY 434, STE. I  
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete  
Name: GIBBS, LOIS L  
Address: 755 W. HWY 434, STE I  
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete  
Name: LABONUTE, CHRISTOPHER L  
Address: 755 W. HWY 434, STE I  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: FRY, GREGORY  
Address: 755 W. HWY 434, STE I  
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change ( ) Addition  
Name: FREY, GEORGE L,  
Address: 755 W. HWY 434, STE. I  
City-St-Zip: LONGWOOD, FL 32750

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: GREGORY T FRY

P

04/05/2007

Electronic Signature of Signing Officer or Director

Date