

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 609989

FILED  
Apr 19, 2011  
Secretary of State

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

**Current Principal Place of Business:**

755 W HWY 434  
SUITE 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:**

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GREGORY T. FRY

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date