


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90180 021 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # F05000004212</b><br>1. Entity Name<br><b>GEVITY INSURANCE AGENCY, INC.</b>   |  |  |  |                |  |
| Principal Place of Business<br><b>9000 TOWN CENTER PARKWAY<br/>BRADENTON, FL 34202</b>   |  |  | Mailing Address<br><del>600 301 BOULEVARD WEST</del><br><del>BRADENTON, FL 34205</del>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br><b>9000 TOWN CTR PKWY</b>  |   |  |
| City & State<br>City: <b>Bradenton, FL</b>   |  |  | 4. FEI Number<br><b>20-3209497</b>   |   |  |
| Zip<br><b>34202</b>  |  |  | Country<br><b>USA</b>  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  | \$8.75 Additional Fee Required   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PC<br>GRABOWSKI, PETER C JR<br><del>600 301 BOULEVARD WEST</del><br><del>BRADENTON, FL 34205</del> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 9000 Town Center Pkwy<br>Bradenton, FL 34202  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>NICHOLS, GREGORY M<br>600 301 BOULEVARD WEST<br>BRADENTON, FL 34205                          | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Treasurer & Director<br>Chris Davis<br>9000 Town Center Pkwy<br>Bradenton, FL 34202             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>LATHAM, R. WADE<br>600 301 BOULEVARD WEST<br>BRADENTON, FL 34205                             | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Secretary & Director<br>Edwin E. Hightower, Jr.<br>9000 Town Center Pkwy<br>Bradenton, FL 34202 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Asst Secretary & Director<br>Dobra Hetzer<br>9000 Town Center Pkwy<br>Bradenton, FL 34202       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |   |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | Date: <b>4/18/06</b> Daytime Phone #: <b>941-741-4757</b>  |   |  |

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