

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005630

Entity Name: WILSON GREGORY AGENCY INC.

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

2309 MARKET ST
CAMP HILL, PA 17011 US

New Principal Place of Business:

2309 MARKET STREET
P.O. BOX 8
CAMP HILL, PA 170010008 US

Current Mailing Address:**New Mailing Address:**

FEI Number: 23-1938181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E, GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCM () Delete
Name: GREGORY, EDWIN W
Address: 683 ST. JOHNS DR.
City-St-Zip: CAMP HILL, PA 17011 US

Title: VDM () Delete
Name: GREGORY, TODD W
Address: 110 BRYCE RD.
City-St-Zip: CAMP HILL, PA 17011 US

Title: STDM () Delete
Name: GREGORY, MARK W
Address: 20 GREEN LANE DR.
City-St-Zip: CAMP HILL, PA 17011 US

Title: PDM () Delete
Name: HIVELY, RICHARD W
Address: 504 KENTWOOD DR
City-St-Zip: MECHANICSBURG, PA 17050

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK W. GREGORY

STDM

01/15/2007

Electronic Signature of Signing Officer or Director

Date