

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # G33988
 1. Entity Name
 GILMOND INSURANCE AGENCY, INC.



Principal Place of Business 4723 W. ATLANTIC AVE., STE. 12 SUITE 12 DELRAY BCH., FL 33445	Mailing Address 4723 W. ATLANTIC AVE., STE. 12 SUITE 12 DELRAY BCH., FL 33445
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2320221	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 GILMOND, MICHAEL F.
 4723 W ATLANTIC AVE STE 12
 DELRAY BCH., FL 33445

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILMOND, MICHAEL F 4723 W. ATLANTIC AVE. DELRAY BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILMOND, CAROL R 4723 W. ATLANTIC AVE., #12 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILMOND, CHAD M 4723 W. ATLANTIC AVE #12 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/24/05-80035-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael F Gilmond Pres. 2/21/05 (561) 496-1553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #