

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 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



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2320221

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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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01/10/08-80029-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael F. Gilmond President *Michael F. Gilmond* 1/8/08 (561) 496-1553