

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G33988

FILED
Jan 04, 2011
Secretary of State

Entity Name: GILMOND INSURANCE AGENCY, INC.

Current Principal Place of Business:

4723 W. ATLANTIC AVE., STE. 12
SUITE 12
DELRAY BCH., FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4723 W. ATLANTIC AVE., STE. 12
SUITE 12
DELRAY BCH., FL 33445

New Mailing Address:

FEI Number: 59-2320221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMOND, MICHAEL F.
4723 W ATLANTIC AVE STE 12
DELRAY BCH., FL 33445 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: DP
Name: GILMOND, MICHAEL F
Address: 4723 W. ATLANTIC AVE.
City-St-Zip: DELRAY BCH, FL 33445 US

Title: VP
Name: GILMOND, CAROL R
Address: 4723 W. ATLANTIC AVE., #12
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: T
Name: GILMOND, CHAD M
Address: 4723 W. ATLANTIC AVE #12
City-St-Zip: DELRAY BEACH, FL 33445 US

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: MICHAL F GILMOND

PRES

01/04/2011

Electronic Signature of Signing Officer or Director

Date