# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 30, 2009**
**Secretary of State**

DOCUMENT# G34004

**Entity Name:** THE GABOR AGENCY, INC.

**Current Principal Place of Business:**

3500 FINANCIAL PLACE
4TH FLOOR
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

**Current Mailing Address:**

3500 FINANCIAL PLACE
4TH FLOOR
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

**FEI Number: 59-2270026** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DIAMANTIS, CHRIS
3500 FINANCIAL PLAZA
TALLAHASSEE, FL 32312 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: VP ( ) Delete
Name: FITZGERALD, ROBERT,
Address: 3500 FINALCIAL PLAZA, STE. 400
City-St-Zip: TALLAHASSEE, FL 32312

Title: CEO ( ) Delete
Name: SOKOLOW, LARRY
Address: 3500 FINANCIAL PLAZA, STE. 400
City-St-Zip: TALLAHASSEE, FL 32312

Title: C ( ) Delete
Name: DIAMANTIS, CHRIS E
Address: 3500 FINANCIAL PLAZA, STE. 400
City-St-Zip: TALLAHASSEE, FL 32312

Title: PRES ( ) Delete
Name: SOKOLOW, KEVIN
Address: 3500 FINANCIAL PLAZA
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition
Name: FITZGERALD, ROBERT
Address: 3500 FINALCIAL PLAZA, STE. 400
City-St-Zip: TALLAHASSEE, FL 32312

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: VP ( ) Change (X) Addition
Name: SIMON, COREY
Address: 3500 FINANCIAL PLAZA
City-St-Zip: TALLAHASSEE, FL 32312

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: DEBI K, HARKINS ACCT 01/30/2009

Electronic Signature of Signing Officer or Director Date