2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# H00293

Entity Name: GELLERMANN INSURANCE AGENCY, INC.

Current Principal Place of Business:

401 W. LANTANA RD.
STE #5
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

401 W. LANTANA RD.
STE #5
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 59-2420739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELLERMAN, MARK, V
401 W LANTANA ROAD STE #5
LANTANA, FL 33462 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: PDS
Name: GELLERMANN, MARK V.
Address: 9899 CROSS PINE CT
City-St-Zip: LAKE WORTH, FL 33467

Title: PDS
Name: GELLERMAN, MARK V
Address: 9899 CROSS PINE CT
City-St-Zip: LAKE WORTH, FL 33467

Title: SC
Name: GELLERMANN, ANNETTE L
Address: 9899 CROSS PINE CT
City-St-Zip: LAKE WORTH, FL 33467

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: MARK V GELLERMANN PRES 04/20/2011

Electronic Signature of Signing Officer or Director Date