

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87024

FILED  
Feb 24, 2011  
Secretary of State

Entity Name: G. DAVID HARRIS INSURANCE, INC.

**Current Principal Place of Business:**

5245 NW 36TH STREET  
200  
MIAMI SPRINGS, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

5245 NW 36TH STREET  
200  
MIAMI SPRINGS, FL 33166 US

**New Mailing Address:**

FEI Number: 65-0209950

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARGARIS, DENNIS  
2455 N. NOB HILL RD. #202  
SUNRISE, FL 33351 US

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

MARGARIS, DENNIS  
15327 PONCE DE LEON LANE  
CLERMONT, FL 34714 US

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

02/24/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P/S  
Name: MARGARIS, DENNIS G P/S  
Address: 15327 PONCE DE LEON LANE  
City-St-Zip: CLERMONT, FL 34714 US

Title: V  
Name: HARRIS, BARBARA L V  
Address: 10943 CHANDLER DR  
City-St-Zip: COOPER CITY, FL 33026 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: DENNIS MARGARIS

PRES

02/24/2011

Electronic Signature of Signing Officer or Director

Date