

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06929

FILED  
Mar 22, 2010  
Secretary of State

**Entity Name:** GELBWAKS INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

10051 NW 1 COURT  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

33 N. CENTRAL AVE SUITE 317  
MEDFORD, OR 97501 US

**Current Mailing Address:**

33 N. CENTRAL AVE SUITE 317  
MEDFORD, OR 97501 US

**New Mailing Address:**

FEI Number: 59-2504438      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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: PRES  
Name: SKIFF, THOMAS A  
Address: 33 N. CENTRAL AVE SUITE 317  
City-St-Zip: MEDFORD, OR 97501

Title: VP  
Name: SCHMEDLEN, DANIEL G JR  
Address: 33 N. CENTRAL AVE SUITE 317  
City-St-Zip: MEDFORD, OR 97501

Title: VP  
Name: PITBLADDO, RICHARD B  
Address: 33 N. CENTRAL AVE SUITE 317  
City-St-Zip: MEDFORD, OR 97501

Title: VP  
Name: DINSMORE, MARK S  
Address: 33 N. CENTRAL AVE SUITE 317  
City-St-Zip: MEDFORD, OR 97501

Title: SEC  
Name: TAYLOR, NANCY L  
Address: 33 N. CENTRAL AVE SUITE 317  
City-St-Zip: MEDFORD, OR 97501

Title: TREA  
Name: YOST, DAVID  
Address: 33 N. CENTRAL AVE SUITE 317  
City-St-Zip: MEDFORD, OR 97501

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: DAVID YOST

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

03/22/2010

\_\_\_\_\_ Date