

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M06929

FILED  
May 02, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6201 PRESIDENTIAL COURT  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

843 ALDER CREEK DR  
SUITE A  
MEDFORD, OR 97504 US

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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: PITBLADDO, RICHARD B  
Address: 6201 PRESIDENTIAL COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: VP/S  
Name: SCHMEDLEN, DANIEL G JR  
Address: 6201 PRESIDENTIAL COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: VP  
Name: SKIFF, DEBORAH L  
Address: 6201 PRESIDENTIAL COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: VP  
Name: DINSMORE, MARK S  
Address: 6201 PRESIDENTIAL COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: V/AS  
Name: HENSLEY, STEVEN A  
Address: 6201 PRESIDENTIAL COURT  
City-St-Zip: FORT MYERS, FL 33919

Title: TREA  
Name: YOST, DAVID  
Address: 843 ALDER CREEK DR SUITE A  
City-St-Zip: MEDFORD, OR 97504

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 A. YOST

TREA

05/02/2012

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

\_\_\_\_\_ Date