2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# P00000029581

Entity Name: GARY HAMILTON INSURANCE SERVICES, INC.

Current Principal Place of Business:

50 N HOMESTEAD BV
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

50 N HOMESTEAD BV
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-0997476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMILTON, GARY
50 N HOMESTEAD BV
HOMESTEAD, FL 33030 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: PD ( ) Delete
Name: HAMILTON, GARY
Address: 50 N HOMESTEAD BV
City-St-Zip: HOMESTEAD, FL 33030

Title: ST ( ) Delete
Name: HAMILTON, GARY
Address: 50 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GARY HAMILTON PD 01/03/2008

Electronic Signature of Signing Officer or Director Date