

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029581

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**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:**

15885 SW 272 ST  
HOMESTEAD, FL 33031

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:**

HAMILTON, GARY  
15885 SW 272 ST  
HOMESTEAD, FL 33031 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

02/17/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAMILTON, GARY  
Address: 15885 SW 272 ST  
City-St-Zip: HOMESTEAD, FL 33031

Title: ST  
Name: HAMILTON, GARY  
Address: 15885 SW 272 ST  
City-St-Zip: HOMESTEAD, FL 33031

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: GARY HAMILTON

Electronic Signature of Signing Officer or Director

PD

02/17/2011

Date