

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90009 030 ***550.00

DOCUMENT # P00000038293

1. Entity Name
PETER G. GILLIS INSURANCE AGENCY, INC.



Principal Place of Business
**210 SOUTH PINELLAS AVE., SUITE 104
TARPON SPRINGS, FL 34689**

Mailing Address
**210 SOUTH PINELLAS AVE., SUITE 104
TARPON SPRINGS, FL 34689**

44046771



2. Principal Place of Business

**536 E Tarpon Av
Suite 16**

3. Mailing Address

**536 E Tarpon Av
Suite 16**

06302004 Chg-P CR2E034 (10/03)

City & State

Tarpon Springs

City & State

Tarpon Springs

4. FEI Number
59-3640381

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GILLIS, PETER G
210 SOUTH PINELLAS AVE., SUITE 104
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GILLIS, PETER G
STREET ADDRESS 4685 AYLESFORD DR
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter G. Gillis 06/30/04 727-942-7400