## **2007 FOR PROFIT CORPORATION**

## Jan 25, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P00000038293 01-25-2007 90040 011 \*\*\*150.00 PETÉR G. GILLIS INSURANCE AGENCY, INC. Principal Place of Business Mailing Address Ellangona 536 E. TARPON AVE - SUITE 1B 536 E. TARPON AVE - SUITE 1B TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 3. Mailing Address 2. Principal Place of Business - No PO Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 CR2E034 (12/06) Applied For 4. EEL Number City & State City & State 59-3640381 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GILLIS, PETER G is Not Acceptable): TARPON SPRINGS, FL 34689 8. The above named entity submits this statement for the purpose of changing its registered office or regi FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE HILE ☐ Change ☐ Delete ☐ Addition GILLIS, PETER G STREET ADDRESS STREET ADDRESS 4685 AYLESFORD DR CITY ST-ZIP PALM HARBOR, FL 34685 CITY ST ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY ST-ZIP THILE ☐ Delete ☐ Change TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIY ST ZIP ☐ Delete ☐ Change Addition NAME MARAF STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST ZIP ☐ Delete IIILE Change 411LE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY SI-ZIP CITY ST ZIP HILE ☐ Defete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 v

SIGNATURE:

**FILED**