2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000100312

1. Entity Name
GAIL SARVIS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
8101 FRONT BEACH RD PANAMA CITY, FL 32407	8101 FRONT BEACH RD PANAMA CITY, FL 32407

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3679136	Not Applicable

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

6. Name and Address of Current Registered Agent

SARVIS, GAIL
8101 FRONT BEACH RD
PANAMA CITY, FL 32407

DO NOT WRITE IN THIS SPACE

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 _Gail Sarvis_ (GAilSARViS)   _1-4-2005_

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	SARVIS, GAIL
STREET ADDRESS	8101 FRONT BEACH RD
CITY-ST-ZIP	PANAMA CITY, FL 32407

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE: _GAil SARViS_ _Gail Sarvis_   _1-4-2005_   _850 234545_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   president   Daytime Phone #