

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081776

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** ROBERT SCOTT GORHAM INSURANCE AGENCY INC.

**Current Principal Place of Business:**

125 NE 8TH STREET #7  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

125 NE 8TH STREET #7  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 20-0131516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R. SCOTT GORHAM  
125 NE 8TH STREET #7  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

GORHAM, ROBERT S  
125 NE 8TH STREET #7  
HOMESTEAD, FL 33030 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:** ROBERT SCOTT GORHAM

01/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROBERT SCOTT GORHAM  
**Address:** 125 NE 8TH STREET #7  
**City-St-Zip:** HOMESTEAD, FL 33030

**Title:** VP  
**Name:** GORHAM, KARON  
**Address:** 125 NE 8TH STREET #7  
**City-St-Zip:** HOMESTEAD, FL 33030

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:** ROBERT SCOTT GORHAM

PD

01/08/2011

Electronic Signature of Signing Officer or Director

Date