

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000005431 1. Entity Name GEHRICH INSURANCE, INC.	
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Principal Place of Business 9114-58TH DR E #100 BRADENTON, FL 34202 US	Mailing Address 9114-58TH DR E #100 BRADENTON, FL 34202 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0557303	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARMENTROUT, TERRY 1001 N. WASHINGTON BLVD #103 SARASOTA, FL 34236

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GEHRICH, RHONDA 6709 WOODMEADOW LOOP BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GEHRICH, ERNEST J 6709 WOODMEADOW LOOP BRADENTON, FL 34202
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000390279 01/23/06-80022-002 150.00 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 with an address with all other like empowered.

SIGNATURE: Rhonda Gehrich 1/12/06 941.756-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #