2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# P04000111550

Entity Name: WINGATE INSURANCE GROUP, INC.

Current Principal Place of Business:

155 PROFESSIONAL DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

155 PROFESSIONAL DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 45-0539636 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINGATE, OWEN W
155 PROFESSIONAL DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: WINGATE, OWEN W
Address: 155 PROFESSIONAL DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: WINGATE, RONALD W
Address: 155 PROFESSIONAL DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: R. WEST WINGATE D 04/13/2011

Electronic Signature of Signing Officer or Director Date