

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000168288

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** GARY L. GREEN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1409 COLONIAL BLVD.  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1409 COLONIAL BLVD.  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 20-4007146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARMEN, FALBO M  
3066 TAMiami TRAIL N.  
NAPLES, FL 34103 US

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

CARMEN, FALBO M  
3066 TAMiami TRAIL N.  
SUITE 305  
NAPLES, FL 34103 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: GREEN, GARY L  
Address: 1409 COLONIAL BLVD.,  
City-St-Zip: FORT MYERS, FL 33907

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: GARY L GREEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

02/17/2011

\_\_\_\_\_  
Date