2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05733

1. Entity Name
GARY MARKEL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
15950 BAY VISTA DRIVE STE 250 CLEARWATER, FL 33762	15950 BAY VISTA DRIVE STE 250 CLEARWATER, FL 33762

DO NOT WRITE IN THIS SPACE

01182008   No Chg-P   CR2E034 (11/05)

4. FEI Number 54-1294734	Applied For
	Not Applicable

5. Certificate of Status Desired   ─$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKEL, GARY L.
15950 BAY VISTA DRIVE STE 250
CLEARWATER, FL 33760

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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 _____
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, 2008 Fee will be $550.00

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

U000000809189
02/08/08-80012-007 158.75

10.	OFFICERS AND DIRECTORS
TITLE	PST
NAME	MARKEL, GARY LEE
STREET ADDRESS	14366 EAGLE POINTE DR
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	MARKEL, GARY LEE
STREET ADDRESS	14366 EAGLE POINTE DR
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	VPD
NAME	ROSS, PAULA
STREET ADDRESS	15950 BAY VISTA DRIVE STE 250
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #