2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014681

Entity Name: GUMP INSURANCE SERVICES INC.

FILED Jul 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1301 SW 37TH AVE 109 N OLD DIXIE HIGHWAY STE 110 LADY LAKE, FL 32159 US

OCALA, FL 34474 US

Current Mailing Address: New Mailing Address:

1301 SW 37TH AVE 109 N OLD DIXIE HIGHWAY STE 110 LADY LAKE, FL 32159 US OCALA, FL 34474 US

FEI Number: 74-3158657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GUMP, WILLIAM
3014 SW 41ST PL
OCALA, FL 34474 US
GUMP, WILLIAM
4004 COACHSHIRE WAY
MOUNT DORA, FL 32757 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: WILLIAM P. GUMP 07/03/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GUMP, WILLIAM GUMP, WILLIAM Name: Name: 3014 SW 41ST PL 4004 COACHSHIRE WAY Address: Address: City-St-Zip: OCALA, FL 34474 US City-St-Zip: MOUNT DORA, FL 32757 US

Title: DIR () Delete Title: DIR (X) Change () Addition Name: GUMP, ROBBIE Name: GUMP, ROBBIE

 Address:
 3014 SW 41ST PL
 Address:
 4004 COACHSHIRE WAY

 City-St-Zip:
 OCALA, FL 34474 US
 City-St-Zip:
 MOUNT DORA, FL 32757 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM P. GUMP DIR 07/03/2007