

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064704

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** GAMBALE INSURANCE GROUP, INC

**Current Principal Place of Business:**

7317 SW GAINES AVE  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

7317 SW GAINES AVE  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 26-2718922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GAMBALE, PATRICK  
7317 SW GAINES AVE  
STUART, FL 34997 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: P  
Name: GAMBALE, PATRICK  
Address: 7317 SW GAINES AVE  
City-St-Zip: STUART, FL 34997

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: PATRICK GAMBALE

PRES

01/06/2012

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

\_\_\_\_\_ Date