

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000079922

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** TONEY GAMBALE INSURANCE AGENCY INC

**Current Principal Place of Business:**

5928 SE CROOKED OAK AVE  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6128  
STUART, FL 34997 US

**New Mailing Address:**

**FEI Number:** 27-0980376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAMBALE, TONEY OWNER  
5928 SE CROOKED OAK AVE  
HOBE SOUND, FL 33455 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, TONEY OWNER  
Address: 5928 SE CROOKED OAK AVE  
City-St-Zip: HOBE SOUND, FL 33455 US

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: TONEY GAMBALE

P

02/18/2011

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

\_\_\_\_\_ Date