

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000097810

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** C. GORDON INSURANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

1065 HOWELL HARBOR DR.  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

1065 HOWELL HARBOR DR.  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

P.O. BOX 1702  
WINTER PARK, FL 32790

**New Mailing Address:**

P.O. BOX 1702  
WINTER PARK, FL 32790 US

FEI Number: 32-0297631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GORDON, CHRISTOPHER J  
1065 HOWELL HARBOR DR.  
CASSELBERRY, FL 32707 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: GORDON, CHRISTOPHER J  
Address: 1065 HOWELL HARBOR DR.  
City-St-Zip: CASSELBERRY, FL 32707

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: CHRISTOPHER J. GORDON

P

04/05/2011

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

\_\_\_\_\_ Date