## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000097810

Entity Name: C. GORDON INSURANCE SOLUTIONS, INC.

**FILED** Mar 16, 2012 Secretary of State

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

1065 HOWELL HARBOR DR. 1755 W. BROADWAY ST. CASSELBERRY, FL 32707

SUITE 7 OVIEDO, FL 32765

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

GORDON, CHRISTOPHER J GORDON, CHRISTOPHER J 1065 HOWELL HARBOR DR. 1755 W. BROADWAY ST. CASSELBERRY, FL 32707 SUITE 7 OVIEDO, FL 32765 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: 03/16/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

GORDON, CHRISTOPHER J Name: 1065 HOWELL HARBOR DRIVE Address: 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.

Ρ SIGNATURE: CHRISTOPHER J. GORDON 03/16/2012