

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000011719

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE ALLIANCE, INCORPORATED

**Current Principal Place of Business:**

28 BARKLEY CIR  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6187  
FT. MYERS, FL 339116187

**New Mailing Address:**

**FEI Number:** 65-0468348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAYLOR, PHILLIP M  
3943 ROOSEVELT AVE.  
FT. MYERS, FL 33901 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GAYLOR, PHILLIP M  
Address: 3943 ROOSEVELT AVE.  
City-St-Zip: FT. MYERS, FL 33901

Title: D  
Name: GERRY, ROBERT L  
Address: 1309 MELALEUCA  
City-St-Zip: FORT MYERS, FL 33901

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: ROBERT L. GERRY

OFFI

01/12/2010

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

\_\_\_\_\_  
Date