

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90396 023 ***158.75

DOCUMENT # P98000092814 1. Entity Name GARY INSURANCE AGENCY & ASSOCIATES, INC.					
Principal Place of Business 407 EAST OCEAN BLVD. STE A STUART, FL 34994 US			Mailing Address PO BOX 869 STUART, FL 34997-0869 US		
2. Principal Place of Business - No P.O. Box # 3193 S.E. Dixie Hwy		3. Mailing Address Suite, Apt. #, etc.			
City & State Stuart		City & State		4. FEI Number 65-0711019	
Zip FL		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34997		Country		04272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent GARY, FREDDIE L 6161 SE LANDING WAY STUART, FL 34997				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARY, FREDDIE L 407 E OCEAN BLVD, STE. STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GARY, FREDDIE L 407 E OCEAN BLVD, STE. STUART, FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3193 SE Dixie Hwy Stuart FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3193 SE Dixie Hwy Stuart FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3193 SE Dixie Hwy Stuart FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3193 SE Dixie Hwy Stuart FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3193 SE Dixie Hwy Stuart FL 34997	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Freddie L Gary</u> Freddie L Gary 4-27-07 772-283-2609 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					