


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT-# V07174</b> 1. Entity Name <b>GENTRY INSURANCE AGENCY, INC.</b>	
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Principal Place of Business <b>P.O. BOX 2046 APOPKA, FL 32704-2046 US</b>	Mailing Address <b>1031 W. MORSE BLVD. SUITE 300 WINTER PARK, FL 32789</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03202008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3104309</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MOULTON, LESLEY 1031 W. MORSE BLVD. STE. 300 WINTER PARK, FL 32789</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS BARNES, JAMES T., JR. 1031 W. MORSE BLVD. #300 WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIEBKNECHT, DEBRA E. 175 E. MAIN ST. APOPKA, FL 32704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOULTON, LESLEY 1031 W MORSE BLVD. #300 WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000919528 05/14/08-80007-015 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/21/08</b> <small>Date</small>	<b>407-628-8700</b> <small>Daytime Phone #</small>
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