

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07174

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** GENTRY INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

175 E. MAIN STREET  
STE 200  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1031 W. MORSE BLVD.  
SUITE 300  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 59-3104309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOULTON, LESLEY  
1031 W. MORSE BLVD.  
STE. 300  
WINTER PARK, FL 32789 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: DCS  
Name: BARNES, JAMES T JR  
Address: 1031 W. MORSE BLVD. #300  
City-St-Zip: WINTER PARK, FL 32789

Title: DP  
Name: LIEBKNECHT, DEBRA E  
Address: 175 E. MAIN ST.  
City-St-Zip: APOPKA, FL 32703

Title: AS  
Name: MOULTON, LESLEY  
Address: 1031 W MORSE BLVD. #300  
City-St-Zip: WINTER PARK, FL 32789

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: LESLEY MOULTON

AS

03/03/2011

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

\_\_\_\_\_  
Date