

1.) CORPORATION NAME:

GELBWAKS INSURANCE SERVICES, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CORPORATION SERVICE COMPANY**
11 S 12TH ST
PO BOX 1463

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:
FL

DUE DATE: **3/31/2011**

SCC ID NO: **F1817552**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1525 N.W. 3RD ST
NO 8

CITY/ST/ZIP: DEERFIELD BEACH, FL 33442-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	THOMAS A SKIFF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6201 PRESIDENTIAL COURT		
CITY/ST/ZIP/CO:	FORT MYERS, FL 33919-		
NAME:	RICHARD B PITBLADDO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO/VP/ASSIS SE		
ADDRESS:	6201 PRESIDENTIAL COURT		
CITY/ST/ZIP/CO:	FORT MYERS, FL 33919-		
NAME:	MARK S DINSMORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6201 PRESIDENTIAL COURT		
CITY/ST/ZIP/CO:	FORT MYERS, FL 33919-		
NAME:	JOHN B CHITWOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6201 PRESIDENTIAL COURT		
CITY/ST/ZIP/CO:	FORT MYERS, FL 33919-		
NAME:	DANIEL G SCHMEDLEN JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6201 PRESIDENTIAL COURT		
CITY/ST/ZIP/CO:	FORT MYERS, FL 33919-		

NAME: DAVID A YOST TITLE: TREASURER ADDRESS: 33 N. CENTRAL AVE SUITE 317 CITY/ST/ZIP/CO: MEDFORD, OR 97501-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: STEVEN A HENSLEY TITLE: VICE PRESIDENT ADDRESS: 6201 PRESIDENTIAL COURT CITY/ST/ZIP/CO: FORT MYERS, FL 33919-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DAVID A YOST _____	DAVID A YOST, TREASURER _____	4/18/2011 _____
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.