


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 272924**  
 1. Entity Name  
**GULFPORT GUARANTY & FIDELITY CORPORATION**



Principal Place of Business      Mailing Address  
 PO BOX 012949                      PO BOX 012949  
 MIAMI, FL 33101-2494 US          MIAMI, FL 33101    US

**DO NOT WRITE IN THIS SPACE**



01182005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-1100427                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CROGAN, KATHLEEN  
 100 S. BISCAYNE BLVD  
 STE 1100  
 MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

UD00000344832  
 04/30/05-80012-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	SVD
NAME	CROGAN, KATHLEEN
STREET ADDRESS	100 S. BISCAYNE BLVD., # 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S. BISCAYNE BLVD., # 1100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	HOLLO, WAYNE R
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #