

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 272924

1. Entity Name
GULFPORT GUARANTY & FIDELITY CORPORATION



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

Mailing Address
PO BOX 012949
MIAMI, FL 33101 US



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1100427 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

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	

000000546804
05/11/06-80124-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06
Date

Daytime Phone # _____