


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90005 012 \*\*\*150.00

**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

**40030038**



01162007      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, 2007 Fee will be \$550.00**

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

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

**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 employees.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

015-1105