

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 272924

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: GULFPORT GUARANTY & FIDELITY CORPORATION

**Current Principal Place of Business:**

PO BOX 012949  
MIAMI, FL 331012494 US

**New Principal Place of Business:**

100 S BISCAYNE BLVD STE 900  
MIAMI, FL 33131 US

**Current Mailing Address:**

PO BOX 012949  
MIAMI, FL 33101 US

**New Mailing Address:**

100 S BISCAYNE BLVD STE 900  
MIAMI, FL 33131 US

FEI Number: 59-1100427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SVD ( ) Delete  
Name: CROGAN, KATHLEEN  
Address: 100 S. BISCAYNE BLVD., # 1100  
City-St-Zip: MIAMI, FL 33131

Title: PD ( ) Delete  
Name: HOLLO, TIBOR  
Address: 100 S. BISCAYNE BLVD., # 1100  
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Delete  
Name: HOLLO, WAYNE R  
Address: 100 S. BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WAYNE HOLLO

VP

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date