

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37191

**FILED**  
**Mar 22, 2006**  
**Secretary of State**

**Entity Name:** GULF INSURANCE ASSOCIATES, INCORPORATED

**Current Principal Place of Business:**

29811 US 19 N  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

29811 US 19 N  
CLEARWATER, FL 33761 US

**New Mailing Address:**

**FEI Number:** 59-2910851      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

AMADEO, ALESA A.  
29811 US HIGHWAY 19 N  
CLEARWATER, FL 33761 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: P ( ) Delete  
Name: AMADEO, ALESA A.,  
Address: 29811 US HIGHWAY 19 N  
City-St-Zip: CLEARWATER, FL

Title: V ( ) Delete  
Name: GIACINTO, VINCENT M  
Address: 900 LINN HARBOR CT  
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

Title: V (X) Change ( ) Addition  
Name: GIACINTO, VINCENT M  
Address: 1536 SWAMP ROSE LN  
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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: ALESA AMADEO

PRES

03/22/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date