2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000019892

Name:

Address: City-St-Zip: GLEESON, MICHELLE

NAPLES, FL 34103

4100 GOODLETTE RD N STE 100

Entity Name: GULFSHORE RISK SOLUTIONS, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
4100 GOC SUITE 100 NAPLES, I		NORTH			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4100 GOC SUITE 100 NAPLES, I		NORTH			
FEI Number:	:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SUITE 100	DLETTE ROAD	NORTH			
	named entity sue of Florida.	ıbmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () [HAVEMEIER, BR 4100 GOODLETT NAPLES, FL 341	E RD N STE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ()[HAVEMEIER, GR 4100 GOODLETI NAPLES, FL 341	E RD N STE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP ()[Pelete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHELLE GLEESON VP 01/19/2009