

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K37191

Entity Name: GULF INSURANCE ASSOCIATES, INCORPORATED

Current Principal Place of Business:

3030 STARKEY BLVD., STE 143
TRINITY, FL 34655

Current Mailing Address:

1536 SWAMP ROSE LN
TRINITY, FL 34655 US

FEI Number: 59-2910851

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMADEO, ALESA A.
1536 SWAMP ROSE LANE
TRINITY, FL 34655 US

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

Officer/Director Detail :

Title P
Name AMADEO, ALESA A.
Address 3030 STARKEY BLVD., STE 143
City-State-Zip: TRINITY FL 34655

I hereby 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 all other like empowered.

SIGNATURE: A. AMADEO

PRESIDENT

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date