2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# 361181

Entity Name: GULFSHORE INSURANCE, INC.

Current Principal Place of Business:

4100 GOODLETTE RD. N
SUITE 100
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4100 GOODLETTE RD. N
SUITE 100
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-1286440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAVEMEIER, BRAD A
4100 GOODLETTE RD N
SUITE 100
NAPLES, FL 34103 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HAVEMEIER, GREGORY W	
Address:	4100 GOODLETTE RD N, SUITE 100	
City-St-Zip:	NAPLES, FL 34103	
Title:	PD	( ) Delete
Name:	HAVEMEIER, BRAD A	
Address:	4100 GOODLETTE RD N, SUITE 100	
City-St-Zip:	NAPLES, FL 34103	
Title:	TS	( ) Delete
Name:	GLEESON, MICHELLE G	
Address:	4100 GOODLETTE ROAD N, SUITE 100	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	(X) Delete
Name:	MILLER, KEITH C	
Address:	4100 GOODLETTE RD N, SUITE 100	
City-St-Zip:	NAPLES, FL 34103	

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:	
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: MICHELLE G GLEESON TS 09/03/2008

Electronic Signature of Signing Officer or Director — Date