

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 361181

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: GULF SHORE INSURANCE, INC.

## Current Principal Place of Business:

4100 GOODLETTE RD. N  
SUITE 100  
NAPLES, FL 34103

## New Principal Place of Business:

4100 GOODLETTE RD. N  
NAPLES, FL 34103

## Current Mailing Address:

4100 GOODLETTE RD. N  
SUITE 100  
NAPLES, FL 34103

## New Mailing Address:

4100 GOODLETTE RD. N  
NAPLES, FL 34103

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:

HAVEMEIER, BRAD A  
4100 GOODLETTE RD N  
NAPLES, FL 34103 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:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## 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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HAVEMEIER, GREGORY W  
Address: 4100 GOODLETTE RD N  
City-St-Zip: NAPLES, FL 34103

Title: PD (X) Change ( ) Addition  
Name: HAVEMEIER, BRAD A  
Address: 4100 GOODLETTE RD N  
City-St-Zip: NAPLES, FL 34103

Title: TS (X) Change ( ) Addition  
Name: GLEESON, MICHELLE G  
Address: 4100 GOODLETTE ROAD N  
City-St-Zip: NAPLES, FL 34103

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 GLEESON

TS

01/19/2009

Electronic Signature of Signing Officer or Director

Date