

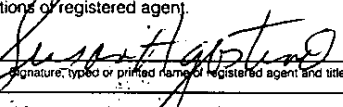
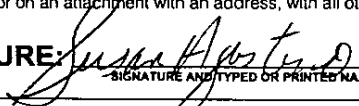


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90037 023 ***150.00

DOCUMENT # 464182 1. Entity Name GULF COAST INSURANCE AGENCY, INC.					
Principal Place of Business 13601 MCGREGOR BLVD SUITE 17 FORT MYERS, FL 33919 US			Mailing Address 13601 MCGREGOR BLVD SUITE 17 FORT MYERS, FL 33919 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1556091	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DILLARD, KENNETH C. 13601 MCGREGOR BLVD SUITE 17 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Susan B Agostino Street Address (P.O. Box Number is Not Acceptable) 13601 McGregor Blvd Suite 17 City Fort Myers FL Zip Code 33919		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Susan B Agostino <i>pres</i> 2/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILLARD, KEN 450 KEENAN AVENUE FT. MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Susan B Agostino 3806 SW 5th Place Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGOSTINO, SUSAN 3806 SW 5TH PL CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Raymond N Agostino 3806 SW 5th Place Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DILLARD, KENNETH C 450 KEENAN AVE. FT. MYERS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trea Susan B Agostino 3806 SW 5th Place Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILLARD, SANDRA K 450 KEENAN AVE FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Raymond N Agostino 3806 SW 5th Place Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Susan B Agostino, Pres		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/10/06 Daytime Phone # 239-432-1730		