

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90071 001 \*\*\*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**

**40001990**



2. Principal Place of Business - No P.O. Box #

**1411 SE 47 Street**

3. Mailing Address

**1411 SE 47 Street**

Suite, Apt. #, etc.

**Suite 7**

Suite, Apt. #, etc.

**Suite 7**

01082007 Chg-P CR2E034 (12/06)

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

4. FEI Number  
**59-1556091**

Applied For

Not Applicable

Zip

**33904**

Country

**USA**

Zip

**33904**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AGOSTINO, SUSAN B  
13601 MCGREGOR BLVD  
SUITE 17  
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1411 SE 47 Street**

**Suite 7**

City

**Cape Coral**

**FL**

Zip Code  
**33904**

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 Agostino*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/8/07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P/T** ☐ Delete  
NAME **AGOSTINO, SUSAN B**  
STREET ADDRESS **3806 SW 5TH PLACE**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **VP/S** ☐ Delete  
NAME **AGOSTINO, RAYMOND N**  
STREET ADDRESS **3806 SW 5TH PL**  
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Agostino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/07*  
Date

*239540116*  
Daytime Phone #