

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F67989

FILED
Mar 24, 2009
Secretary of State

Entity Name: GULFWAY INSURERS OF HUDSON, INC.

Current Principal Place of Business:

12701 US HWY 19
BAYONET POINT, FL 34667

New Principal Place of Business:

Current Mailing Address:

12701 US HWY 19
BAYONET POINT, FL 34667

New Mailing Address:

FEI Number: 59-2283656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDDY, ROBERT K. E
808 W. DE LEON STREET
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: RICHARDSON, DIANE L
Address: 10845 TREE CACTUS LOOP
City-St-Zip: LAND O LAKES, FL 34638

Title: PD () Delete
Name: EAVES, MELVIN E
Address: 12701 US HIGHWAY 19
City-St-Zip: BAYONET POINT, FL 34667

Title: VD () Delete
Name: EAVES, CAROL L
Address: 4006 BAINWOOD CT
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: EDDY, ROBERT K
Address: 808 W. DE LEON STREET
City-St-Zip: TAMPA, FL 33606

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: DIANE L RICHARDSON

ST

03/24/2009

Electronic Signature of Signing Officer or Director

Date