

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074911

FILED
Jan 05, 2007
Secretary of State

Entity Name: GULF COAST INSURANCE, INC.

Current Principal Place of Business:

2345 STANFORD COURT
SUITE 602
NAPLES, FL 34112

New Principal Place of Business:

7795 DAVIS BLVD.
SUITE 205
NAPLES, FL 34104

Current Mailing Address:

2345 STANFORD COURT
SUITE 602
NAPLES, FL 34112

New Mailing Address:

15215 COLLIER BLVD., STE 311
PMB # 301
NAPLES, FL 34119

FEI Number: 59-3664838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORIA, ALBERT JR
888 GRAND RAPIDS BLVD.
NAPLES, FL 34120 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: P () Delete
Name: DORIA, ALBERT JR
Address: 888 GRAND RAPIDS BLVD.
City-St-Zip: NAPLES, FL 34120

Title: V () Delete
Name: DORIA, VERONICA
Address: 2560 GOLDEN GATE BLVD. W.
City-St-Zip: NAPLES, FL 34117

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DORIA, ALBERT JR
Address: 888 GRAND RAPIDS BLVD.
City-St-Zip: NAPLES, FL 34120 US

Title: T (X) Change () Addition
Name: DORIA, VERONICA
Address: 2560 GOLDEN GATE BLVD. W.
City-St-Zip: NAPLES, FL 34117 US

Title: V () Change (X) Addition
Name: DORIA, MARIO
Address: 889 GRAND RAPIDS BLVD.
City-St-Zip: NAPLES, FL 34120 US

Title: S () Change (X) Addition
Name: DORIA, ALBERT
Address: 2560 GOLDEN GATE BLVD.
City-St-Zip: NAPLES, FL 34117 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERT DORIA, JR

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date