

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000027842



1. Entity Name  
GULFCOAST INSURANCE OF N W FLORIDA, INC.

Principal Place of Business

45 MAGNOLIA AVE  
SHALIMAR, FL 32579

Mailing Address

45 MAGNOLIA AVE  
SHALIMAR, FL 32579



02052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1174975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CRAIG S  
1184 D CIRCLE DR  
DEFUNIAK SPRINGS, FL 32435

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SULLIVAN, DANA J
STREET ADDRESS	45 MAGNOLIA AVE
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000252215  
03/05/05-80018-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dana J. Sullivan* 2-28-05 850/651-7600  
President