


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90051 025 \*\*\*150.00

<b>DOCUMENT # P03000027842</b> 1. Entity Name <b>GULFCOAST INSURANCE OF N W FLORIDA, INC.</b>					
Principal Place of Business <b>45 MAGNOLIA AVE SHALIMAR, FL 32579</b>			Mailing Address <b>45 MAGNOLIA AVE SHALIMAR, FL 32579</b>		
2. Principal Place of Business - No P.O. Box # <b>25 WALTER MARTIN RD</b>			3. Mailing Address <b>25 WALTER MARTIN ROAD</b>		
Suite, Apt. #, etc. <b>101</b>			Suite, Apt. #, etc. <b>101</b>		
City & State <b>FT WALTON BEACH, FL</b>			City & State <b>FT WALTON BEACH, FL</b>		
Zip <b>32548</b>		Country		Zip <b>32548</b>	
Country		4. FEI Number <b>65-1174975</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROBINSON, CRAIG S 38 S. 8TH ST DEFUNIAK SPRINGS, FL 32435</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <b>SULLIVAN, DANA J 45 MAGNOLIA AVE SHALIMAR, FL 32579</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P, S, T</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP DANIEL L SULLIVAN 45 MAGNOLIA AVE SHALIMAR, FL 32579</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP ALEXANDER J. SULLIVAN 45 MAGNOLIA AVE SHALIMAR, FL 32579</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE 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: <b>Dana J. Sullivan</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <b>2-20-08</b> Daytime Phone #: <b>850/863-1149</b>	

40031352



02052008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

FL Zip Code